VI. DENTAL INSURANCE

A. DELTACARE® USA BASIC MANAGED CARE DENTAL PLAN (PLAN FLM12)

B. DELTACARE® USA COMPREHENSIVE MANAGED CARE DENTAL PLAN (PLAN FLM97)

C. DELTA DENTAL PPO DENTAL PLAN (PREFERRED PROVIDER ORGANIZATION)

D. ORTHODONTICS DISCOUNT PROGRAM FOR EMPLOYEES

E. VISION DISCOUNT PROGRAM FOR EMPLOYEES

VI. DENTAL INSURANCE

Overview

Under your dental coverage you may select **one** of three different options:

A. DELTACARE® USA BASIC MANAGED CARE DENTAL PLAN

This is a plan designed for people who currently have healthy teeth and gums. This plan focuses on preventive dental maintenance, however, it also provides for other more complex dental work as well. You must use a participating general dentist to receive benefits.

B. DELTACARE® USA COMPREHENSIVE MANAGED CARE PLAN

This plan offers a broader range of benefits including some restorative dental procedures (fillings) at no charge after a $5 office visit copayment. It offers a wide range of benefits for specialty referrals when you are referred by your participating general dentist.

Please Note: With either the **basic or comprehensive** managed care dental plans you receive the following benefits:

- No Deductibles
- No Claim Forms
- No Annual Maximum Benefit
- No Waiting Periods
- No Pre-Existing Condition Limitations

C. DELTA DENTAL PPO (PREFERRED PROVIDER ORGANIZATION)

With this plan, you have the freedom to select any dentist you wish. If you choose to see a participating PPO dentist you will receive a higher level of payment for your dental work. You may decide at the time you receive services whether or not to use a participating provider.

D. ORTHODONTICS DISCOUNT PROGRAM FOR EMPLOYEES

E. VISION DISCOUNT PROGRAM FOR EMPLOYEES

DELTA DENTAL

Delta Dental Insurance Company

ORANGE COUNTY PUBLIC SCHOOLS
DENTAL PLAN OPTIONS

Benefit Description	DeltaCare® USA Basic Plan FLM12*	DeltaCare® USA Comprehensive Plan FLM97*	Delta Dental In-PPO Network**	Delta Dental Out-Of-PPO Network**
	Employee Copayment	Employee Copayment	Delta Dental Pays	Delta Dental Pays
Office Visit Copayment	$5 per visit (1)	$5 per visit (1)	N/A	N/A
DIAGNOSTIC - oral examinations, x-rays	No Cost to $5	No Cost to $5	100%	80%
PREVENTIVE - routine cleanings (2 per 12-month period), fluoride treatment, sealants and space maintainers	No Cost to $90	No Cost to $85	100%	80%
BASIC BENEFITS - fillings, basic endodontics (root canal), basic periodontics, basic restoratives, denture repairs, oral surgery (incisions, excisions, surgical removal of tooth)	No Cost to $240	No Cost to $300	80%	60%
MAJOR BENEFITS - Crowns, inlays, onlays, cast restorations, bridges, dentures, major endodontics, major periodontics (gum treatment), major restoratives and major denture repairs	$15 to $355(2)	$12 to $375	50%	40%
ORTHODONTIC BENEFITS - dependent children only	75 percent of "filed fees"	$120 to $1,850	N/A	N/A
DEDUCTIBLE	$0	$0	$25 per person $75 per family per calendar year	$50 per person $150 per family per calendar year
PLAN YEAR MAXIMUM	N/A	N/A	$1,300 per person per calendar year	$1,300 per person per calendar year
LIFETIME MAXIMUM FOR ORTHODONTIC	N/A	N/A	N/A	N/A

*If you choose a DeltaCare® USA plan, you must use a DeltaCare® USA dentist for treatment. NOTE: If you choose the DeltaCare USA Basic Plan FLM12, when referable services are provided by a Contract Specialist, the Enrollee pays 75 percent of that Dentist's "filed fees."

**Delta Dental PPO® products offer freedom of choice of any dentist and you can maximize savings by utilizing PPO (in-network) dentists. Visiting a Delta Dental PPO provider usually saves patients almost 30% on average out-of-pocket costs.

**Delta Dental PPO plans includes the D&P Maximum Waiver benefit allowing you to obtain diagnostic and preventive dental services without those costs applying to the plan year maximum.

This is only a brief summary of the plans and reflects copayment ranges for the highly utilized procedures. The above procedures under DeltaCare® USA are subject to limitations and exclusions of the plan. The dental health plan contract must be consulted to determine the exact terms and conditions of coverage. A Certificate of Coverage will be sent to you upon enrollment.

(1) Includes office visit, per visit cost (in addition to other services).

--Under FLM97, there are no additional upgrade charges; the copayment reflects the Enrollee's total cost, including placement of porcelain/ceramic and other tooth colored material on molars, and lab costs.

Your Choice — Prepaid or PPO

Features	DeltaCare® USA plan (Prepaid)	Delta Dental PPO plan
Dentist network	• Visit your assigned DeltaCare® USA network dentist to receive benefits. • Easy referrals to a large specialty care network (referred by selected primary care dentist).	• Freedom to choose any licensed dentist, anywhere in the world, each time you or a family member requires treatment • No referral required for specialty care
Selecting a dentist	• Ability to change selected network dentist monthly with a phone call or email to Customer Service	• No need to preregister with a dental office. • Ability to change dentists anytime without contacting Delta Dental
Access	• Over 20,000 facilities	• Over 333,000 dentist locations
Deductible/Maximum	• No annual deductible and no annual dollar maximum	• Annual deductible for all services except diagnostic and preventive • An annual maximum
Copayments/ Coinsurance	• All covered procedures have predetermined copayments. • No or minimal copayments for most diagnostic and preventive services. • Minimal or no copayments for many restorative services.	• Covered services paid at applicable percentage of contract allowance (for example, 80%)
Out-of-area coverage	• Out-of-area (35 or more miles from selected network dentist) emergency care allowance, up to $100 per incident.	• Can visit any licensed dentist
Covered Benefits	• Wide range of covered services, including orthodontia • Orthodontic takeover provision for new enrollees who have orthodontic treatment in progress (see plan booklet for full details)	• Wide range of covered services, including orthodontia
Administration	• No claim forms	• Claim forms filed by Delta Dental dentists
Cost savings	• Visit your selected DeltaCare® USA dentist to receive benefits. • Pay only the copayment at the time of treatment.	• You usually have the lowest out-of-pocket expenses when visiting a Delta Dental PPO dentist. • If you don’t see a PPO dentist, a Delta Dental Premier dentist is usually your next best option.

Delta Dental
Eligibility for Enrollment

All of the Contract holder's retired employees and all permanent, present employees and regular part-time employees working 17.5 hours weekly who have completed 59 days of continuous employment will be eligible on the Effective Date.

All other permanent employees and regular part-time employees working 17.5 hours weekly will become effective on the first day of the month following 59 days of continuous employment.

If your dependents are covered, they will be eligible when you are or as soon as they become dependents. Dependents are your:

- Lawful spouse;
- Same-sex domestic partner as defined by OCPS;
- Children from birth to the end of the calendar year in which occurs their 26th birthday if:
  (1) the child is dependent on the Eligible Person/Primary Enrollee for support; and

  (2) the child lives in the Enrollee's household; or

  (3) the child is a full-time or part-time student.

  Children includes natural children, step-children, children of a domestic partner, adopted children, foster children, custodial children and newborn children including a newborn child of a covered dependent child.

  Newborn children, including a newborn child of a covered dependent child or a newborn child where a written agreement to adopt has been entered into prior to birth, are eligible from the moment of birth. Adopted children, foster children and custodial children are eligible from the moment of placement in the Enrollee's residence. Notice of birth, adoption placement, foster home placement or other custodial placement of a child with Enrollee must be received within 31 days of the birth or placement. If notice of birth or adoption is received within the 31 day notice period, no additional premiums are due during the notice period. If notice is received within 60 days of the birth or adoption placement instead of 31 days, coverage will be effective from the date of birth or placement, but the Enrollee must pay any additional Premium from the date of birth or placement. Eligibility for a newborn child of covered dependent child terminates 18 months after the birth of the newborn.

• A child 26 years or older may continue to be eligible as a dependent if the child is not self-supporting because of physical handicap or mental incapacity that began before age 26 and the child is mostly dependent on the Eligible Employee for support and maintenance. Proof of incapacity will not be required until a claim has been denied due to a child having reached age 26. Proof of these facts must be given to Delta Dental or to the Contractholder within 31 days if it is requested. Proof will not be required more than once a year after the child is 27.

VI. DENTAL INSURANCE

A. DELTACARE® USA BASIC MANAGED CARE DENTAL PLAN (PLAN FLM12)

DeltaCare® USA – provided by Delta Dental Insurance Company

We'll do **whatever it takes and then some.**

Welcome to DeltaCare USA — quality, convenience, predictable costs

DeltaCare USA is a dental program that provides you and your family with quality dental benefits at an affordable cost. Offered through Delta Dental Insurance Company, the DeltaCare USA program is designed to encourage you and your family to visit the dentist regularly to maintain your dental health.

When you enroll, you select a contract dentist to provide services. The DeltaCare USA network consists of private practice dental facilities that have been carefully screened for quality.

Delta Dental Insurance Company provides benefits as a Prepaid Limited Health Services Organization as described in Chapter 636 of the Florida Statutes.

Enroll in DeltaCare USA and you'll enjoy these features:

Quality

- Extensive benefits for you and your family
- No restrictions on pre-existing conditions, except for work in progress
- Large, stable network of dentists, so you can enjoy a long-term relationship with your dentist

Convenience

- No claim forms to complete
- Easy access to specialty care
- Expanded business hours for toll-free customer service, from 8 a.m. to 9 p.m., Eastern time

Predictable costs

- No deductibles
- Out-of-pocket costs are clearly defined
- Out-of-area dental emergency coverage up to $100 per emergency
- No annual or lifetime dollar maximums

Find a DeltaCare USA dentist

Select from among the many conveniently located DeltaCare USA contracted general dentists. To find the most current listing of DeltaCare USA dental offices you can:

Visit our website at **deltadentalins.com/enrollees**. Under Find a dentist, select DeltaCare USA as your network.

Or call Customer Service at **800-422-4234** for help in finding a DeltaCare USA dentist.

DELTA DENTAL®

Administered by Delta Dental Insurance Company

What if I have questions about my DeltaCare USA Program?

Eligibility for you and your family

If you meet your group's eligibility requirements for dental coverage, you can enroll in the DeltaCare USA program. You may also enroll eligible dependents. Contact your benefits administrator if you have any questions.

Easy enrollment

Simply complete the enrollment process as directed by your benefits administrator. Be sure to indicate a dentist (from the list of contract dental facilities) for both yourself and your eligible dependents. Include the name of your group.

How your DeltaCare USA program works

Your selected contract dentist will take care of your dental care needs. If you require treatment from a specialist, your contract dentist will handle the referral for you.

After you have enrolled, you will receive a membership packet that includes an identification card and a Certificate of Coverage that fully describes the benefits of your dental program. Also included in this packet are the name, address and phone number of your contract dentist. Simply call the dental facility to make an appointment.

Under the DeltaCare USA program, many services are covered at no cost, while others have copayments (amount you pay your contract dentist) for certain benefits. See the "Description of Benefits and Copayments" for a list of your benefits.

Please note: Dental services that are not performed by your selected contract dentist, a contract specialist or are not covered under provisions for emergency care below, are not covered by your DeltaCare USA program.

Provisions for emergency care

Under your DeltaCare USA program, you and your eligible dependents are covered for out-of-area dental emergencies (35 or more miles from your contract dentist). Your program pays up to $100 for out-of-area emergency dental expenses per emergency for each enrollee.

Accident injury benefit

The DeltaCare USA program provides coverage for accidental injury (caused by external forces) at 100% of the contract dentist's "filed fees" for benefits (less any applicable copayments). The enrollee must be eligible under the DeltaCare USA program when the accident occurs. Accident injury benefits are subject to a $1600 maximum, per 12 months, per person.

My dentist is a Delta Dental dentist but is not on the list of DeltaCare USA dentists. Can I still receive treatment from this dentist?

You must receive treatment from your selected DeltaCare USA contract dentist. Please note that Delta Dental dentists are not necessarily DeltaCare USA dentists.

Do my family members receive treatment from the same DeltaCare USA contract dentist?

You and your eligible dependents may receive care from the same contract dentist, or if you prefer, you may collectively select up to a maximum of three contract dental facilities.

Can I change my contract dentist?

You may change contract dentists by notifying us either by phone or in writing, or by visiting our website (deltadentalins.com). If you contact us by the 21st of the month, the change will become effective the first of the following month.

Highlights of your DeltaCare USA Program

Can I have my teeth whitened under the DeltaCare USA program?

External bleaching is a benefit under your program, subject to certain limitations. Talk to your contract dentist about your options.

Does my DeltaCare USA program cover tooth-colored fillings and crowns on molars?

The upgrade to porcelain and other tooth-colored materials on molars is included as a benefit under your program. The copayment shows you what your out of pocket cost will be.

How long does it take to get an appointment with a DeltaCare USA dentist?

Two to four weeks is a reasonable amount of time to wait for a routine, non-urgent appointment. If you require a specific time, you may have to wait longer. Most DeltaCare USA dentists are in private group practices, which means greater appointment availability and extended office hours.

Are pre-existing dental conditions and work in progress covered?

Treatment for pre-existing conditions, such as extracted teeth, is covered under the DeltaCare USA program. However, benefits are not provided for any dental treatment started before joining the program (that is, work in progress, such as preparations for crowns, root canals and impressions for dentures). Orthodontic treatment in progress may be covered for new DeltaCare USA enrollees. See the "Limitations and Exclusions of Benefits."

How does the DeltaCare USA program encourage preventive care?

Your DeltaCare USA program is designed to encourage regular visits to the dentist by having no copayments (fees you pay to the contract dentist) on most diagnostic and preventive benefits. See the enclosed "Description of Benefits and Copayments."

Does my DeltaCare USA program cover specialists' services?

Should you need a specialist (endodontist, orthodontist, oral surgeon, periodontist or pediatric dentist), you may be referred by your participating contract dentist, or you may refer yourself to any participating contract specialist from our directory. Upon identifying yourself as a DeltaCare USA enrollee, you will receive a 25% reduction from the participating contract specialist's "filed fees" for covered services performed. Specialist services are available only in areas where DeltaCare USA has participating contract specialist.

What if I have questions about my DeltaCare USA program?

Call Customer Service at 800-422-4234. We have multilingual representatives available from 8 a.m. to 9 p.m. Eastern time, Monday through Friday. Our Customer Service representatives can answer benefits questions, as well as arrange facility transfers and urgent care referrals.

Our Customer Service representatives have worked in dental facilities and can answer benefits questions, as well as arrange facility transfers and urgent care referrals.

SCHEDULE A

Description of Benefits and Copayments

The Benefits shown below are performed as deemed appropriate by the attending Contract Dentist subject to the limitations and exclusions of the Program. Please refer to *Schedule B* for further clarification of Benefits. **Enrollees should discuss all treatment options with their Contract Dentist prior to services being rendered.**

Text that appears in italics below is specifically intended to clarify the delivery of benefits under the DeltaCare USA program and is not to be interpreted as CDT-2015 procedure codes, descriptors or nomenclature that are under copyright by the American Dental Association. The American Dental Association may periodically change CDT codes or definitions. Such updated codes, descriptors and nomenclature may be used to describe these covered procedures in compliance with federal legislation.

CODE	DESCRIPTION	ENROLLEE PAYS
D0100-D0999	**I. DIAGNOSTIC - *When referable services are provided by a Contract Specialist, the Enrollee pays 75 percent of that Dentist's "filed fees." ****	
D0120	Periodic oral evaluation - established patient	No Cost
D0140	Limited oral evaluation - problem focused	No Cost
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	No Cost
D0150	Comprehensive oral evaluation - new or established patient	No Cost
D0160	Detailed and extensive oral evaluation - problem focused, by report	No Cost
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	No Cost
D0171	Re-evaluation - post-operative office visit	$5.00
D0180	Comprehensive periodontal evaluation - new or established patient	No Cost
D0190	Screening of a patient	No Cost
D0191	Assessment of a patient	No Cost
D0210	Intraoral - complete series of radiographic images - *limited to 1 series every 24 months*	No Cost
D0220	Intraoral - periapical first radiographic image	No Cost
D0230	Intraoral - periapical each additional radiographic image	No Cost
D0240	Intraoral - occlusal radiographic image	No Cost
D0270	Bitewing - single radiographic image	No Cost
D0272	Bitewings - two radiographic images	No Cost
D0273	Bitewings three radiographic images	No Cost
D0274	Bitewings - four radiographic images - *limited to 1 series every 6 months*	No Cost
D0330	Panoramic radiographic image	No Cost
D0460	Pulp vitality tests	No Cost
D0470	Diagnostic casts	No Cost
D0601	Caries risk assessment and documentation, with a finding of low risk - *limited to children age 3 to 19, 1 every 3 years*	No Cost
D0602	Caries risk assessment and documentation, with a finding of moderate risk - *limited to children age 3 to 19, 1 every 3 years*	No Cost
D0603	Caries risk assessment and documentation, with a finding of high risk - *limited to children age 3 to 19, 1 every 3 years*	No Cost
D0999	Unspecified diagnostic procedure, by report - *includes office visit, per visit (in addition to other services)*	$5.00
D1000-D1999	**II. PREVENTIVE - *When referable services are provided by a Contract Specialist, the Enrollee pays 75 percent of that Dentist's "filed fees." ****	
D1110	Prophylaxis *cleaning* - adult - *1 per 6 month period*	No Cost
D1110	*Additional prophylaxis cleaning - adult (within the 6 month period)*	$20.00
D1120	Prophylaxis *cleaning* - child - *1 per 6 month period*	No Cost
D1120	*Additional prophylaxis cleaning - child (within the 6 month period)*	$20.00
D1206	Topical application of fluoride varnish - *child to age 19; 1 D1206 or D1208 per 6 month period*	No Cost
D1208	Topical application of fluoride - excluding varnish - *child to age 19; 1 D1206 or D1208 per 6 month period*	No Cost
D1330	Oral hygiene instructions	No Cost
D1351	Sealant - per tooth - *limited to permanent molars through age 15*	$10.00
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth - *limited to permanent molars through age 15*	$10.00
D1353	Sealant repair - per tooth - *limited to permanent molars through age 15*	$10.00
D1510	Space maintainer - fixed - unilateral	$50.00
D1515	Space maintainer - fixed - bilateral	$50.00

D1520	Space maintainer - removable - unilateral	$90.00
D1525	Space maintainer - removable - bilateral	$90.00

D2000-D2999 III. RESTORATIVE - ***When referable services are provided by a Contract Specialist, the Enrollee pays 75 percent of that Dentist's "filed fees." ****

- Includes polishing, all adhesives and bonding agents, indirect pulp capping, bases, liners and acid etch procedures.

D2140	Amalgam - one surface, primary or permanent	$15.00
D2150	Amalgam - two surfaces, primary or permanent	$25.00
D2160	Amalgam - three surfaces, primary or permanent	$35.00
D2161	Amalgam - four or more surfaces, primary or permanent	$45.00
D2330	Resin-based composite - one surface, anterior	$50.00
D2331	Resin-based composite - two surfaces, anterior	$57.00
D2332	Resin-based composite - three surfaces, anterior	$63.00
D2391	Resin-based composite - one surface, posterior	$75.00
D2392	Resin-based composite - two surfaces, posterior	$80.00
D2393	Resin-based composite - three surfaces, posterior	$85.00
D2394	Resin-based composite - four or more surfaces, posterior	$95.00
D2510	Inlay - metallic - one surface [2, 8]	$115.00
D2520	Inlay - metallic - two surfaces [2, 8]	$140.00
D2530	Inlay - metallic - three or more surfaces [2, 8]	$150.00
D2542	Onlay - metallic - two surfaces [2, 8]	$150.00
D2543	Onlay - metallic - three surfaces [2, 8]	$160.00
D2544	Onlay - metallic - four or more surfaces [2, 8]	$170.00
D2710	Crown - resin-based composite (indirect) [1, 2]	$170.00
D2712	Crown - ¾ resin-based composite (indirect) [1, 2]	$170.00
D2720	Crown - resin with high noble metal [1, 2]	$355.00
D2721	Crown - resin with predominantly base metal [1, 2]	$255.00
D2722	Crown - resin with noble metal [1, 2]	$255.00
D2740	Crown - porcelain/ceramic substrate [1, 2]	$355.00
D2750	Crown - porcelain fused to high noble metal [1, 2]	$355.00
D2751	Crown - porcelain fused to predominantly base metal [1, 2]	$255.00
D2752	Crown - porcelain fused to noble metal [1, 2]	$255.00
D2780	Crown - ¾ cast high noble metal [2]	$330.00
D2781	Crown - ¾ cast predominantly base metal [2]	$230.00
D2782	Crown - ¾ cast noble metal [2]	$230.00
D2790	Crown - full cast high noble metal [2]	$330.00
D2791	Crown - full cast predominantly base metal [2]	$230.00
D2792	Crown - full cast noble metal [2]	$230.00
D2794	Crown - titanium [2]	$355.00
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	$15.00
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	$15.00
D2920	Re-cement or re-bond crown	$15.00
D2929	Prefabricated porcelain/ceramic crown - primary tooth - *anterior*	$55.00
D2930	Prefabricated stainless steel crown - primary tooth	$55.00
D2931	Prefabricated stainless steel crown - permanent tooth	$55.00
D2932	Prefabricated resin crown - *anterior primary tooth*	$65.00
D2933	Prefabricated stainless steel crown with resin window - *anterior primary tooth*	$55.00
D2940	Protective restoration	No Cost
D2941	Interim therapeutic restoration - primary dentition	No Cost
D2951	Pin retention - per tooth, in addition to restoration	$20.00
D2952	Post and core in addition to crown, indirectly fabricated - *includes canal preparation* [8]	$80.00
D2953	Each additional indirectly fabricated post - same tooth - *includes canal preparation* [8]	$35.00
D2954	Prefabricated post and core in addition to crown - *base metal post; includes canal preparation*	$80.00
D2957	Each additional prefabricated post - same tooth - *base metal post; includes canal preparation*	$25.00
D2960	Labial veneer (resin laminate) - chairside	$100.00
D2961	Labial veneer (resin laminate) - laboratory	$155.00

D2962	Labial veneer (porcelain laminate) - laboratory	$345.00
D2970	Temporary crown (fractured tooth) - *palliative treatment only*	$20.00
D2980	Crown repair necessitated by restorative material failure	$20.00
D2981	Inlay repair necessitated by restorative material failure	$20.00
D2982	Onlay repair necessitated by restorative material failure	$20.00
D2983	Veneer repair necessitated by restorative material failure	$20.00
D2990	Resin infiltration of incipient smooth surface lesions - *limited to permanent molars through age 15*	$10.00

**D3000-D3999 IV. ENDODONTICS - *When referable services are provided by a Contract Specialist, the Enrollee pays 75 percent of that Dentist's "filed fees." **

D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	$25.00
D3221	Pulpal debridement, primary and permanent teeth	$34.00
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	$25.00
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	$34.00
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	$34.00
D3310	*Root canal* - endodontic therapy, anterior tooth (excluding final restoration) [9]	$125.00
D3320	*Root canal* - endodontic therapy, bicuspid tooth (excluding final restoration) [9]	$195.00
D3330	*Root canal* - endodontic therapy, molar (excluding final restoration) [9]	$240.00
D3410	Apicoectomy - anterior [9]	$95.00
D3421	Apicoectomy - bicuspid (first root) [9]	$95.00
D3425	Apicoectomy - molar (first root) [9]	$95.00
D3426	Apicoectomy (each additional root) [9]	$60.00
D3427	Periradicular surgery without apicoectomy	$95.00
D3430	Retrograde filling - per root [9]	$60.00
D3450	Root amputation, per root - *not covered in conjunction with a hemisection* [9]	$70.00

**D4000-D4999 V. PERIODONTICS - *When referable services are provided by a Contract Specialist, the Enrollee pays 75 percent of that Dentist's "filed fees." **

- Includes preoperative and postoperative evaluations and treatment under a local anesthetic.

D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	$110.00
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	$25.00
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	$25.00
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	$210.00
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	$210.00
D4277	Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in graft	$210.00
D4278	Free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth position in same graft site	$210.00
D4341	Periodontal scaling and root planing - four or more teeth per quadrant - *limited to 4 quadrants during any 12 consecutive months*	$55.00
D4342	Periodontal scaling and root planing - one to three teeth per quadrant - *limited to 4 quadrants during any 12 consecutive months*	$55.00
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis - *limited to 1 treatment in any 12 consecutive months*	$50.00
D4910	Periodontal maintenance - *limited to 1 treatment each 6 month period*	$45.00
D4921	Gingival irrigation - per quadrant	No Cost

D5000-D5899 VI. PROSTHODONTICS (removable)

D5110	Complete denture - maxillary [3, 10]	$260.00
D5120	Complete denture - mandibular [3, 10]	$260.00
D5130	Immediate denture - maxillary [3, 10]	$280.00
D5140	Immediate denture - mandibular [3, 10]	$280.00
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth) [3, 10]	$275.00
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth) [3, 10]	$275.00
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) [3, 10]	$315.00

D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) [3, 10]	$315.00
D5410	Adjust complete denture - maxillary [3]	$15.00
D5411	Adjust complete denture - mandibular [3]	$15.00
D5421	Adjust partial denture - maxillary [3]	$15.00
D5422	Adjust partial denture - mandibular [3]	$15.00
D5510	Repair broken complete denture base	$15+lab
D5520	Replace missing or broken teeth - complete denture (each tooth)	$15+lab
	Additional	$10+lab
D5610	Repair resin denture base	$15+lab
D5620	Repair cast framework	$15+lab
D5630	Repair or replace broken clasp	$15+lab
D5640	Replace broken teeth - per tooth	$15+lab
D5650	Add tooth to existing partial denture	$30.00
D5660	Add clasp to existing partial denture	$30+lab
D5730	Reline complete maxillary denture (chairside) [11]	$45.00
D5731	Reline complete mandibular denture (chairside) [11]	$45.00
D5740	Reline maxillary partial denture (chairside) [11]	$45.00
D5741	Reline mandibular partial denture (chairside) [11]	$45.00
D5750	Reline complete maxillary denture (laboratory) [11]	$35+lab
D5751	Reline complete mandibular denture (laboratory) [11]	$35+lab
D5760	Reline maxillary partial denture (laboratory) [11]	$35+lab
D5761	Reline mandibular partial denture (laboratory) [11]	$35+lab
D5850	Tissue conditioning, maxillary [3, 11]	$25.00
D5851	Tissue conditioning, mandibular [3, 11]	$25.00

D5900-D5999 VII. MAXILLOFACIAL PROSTHETICS - Not Covered

D6000-D6199 VIII. IMPLANT SERVICES - Not Covered

D6200-D6999 IX. PROSTHODONTICS, fixed (each retainer and each pontic constitutes a unit in a fixed partial denture [bridge])

D6210	Pontic - cast high noble metal [4]	$330.00
D6211	Pontic - cast predominantly base metal [4]	$230.00
D6212	Pontic - cast noble metal [4]	$230.00
D6240	Pontic - porcelain fused to high noble metal [1, 4]	$355.00
D6241	Pontic - porcelain fused to predominantly base metal [1, 4]	$255.00
D6242	Pontic - porcelain fused to noble metal [1, 4]	$255.00
D6245	Pontic - porcelain/ceramic [1, 4]	$355.00
D6250	Pontic - resin with high noble metal [1, 4]	$355.00
D6251	Pontic - resin with predominantly base metal [1, 4]	$255.00
D6252	Pontic - resin with noble metal [1, 4]	$255.00
D6720	Crown - resin with high noble metal [1, 4]	$355.00
D6721	Crown - resin with predominantly base metal [1, 4]	$255.00
D6722	Crown - resin with noble metal [1, 4]	$255.00
D6740	Crown - porcelain/ceramic [1, 4]	$355.00
D6750	Crown - porcelain fused to high noble metal [1, 4]	$355.00
D6751	Crown - porcelain fused to predominantly base metal [1, 4]	$255.00
D6752	Crown - porcelain fused to noble metal [1, 4]	$255.00
D6780	Crown - ¾ cast high noble metal [4]	$330.00
D6781	Crown - ¾ cast predominantly base metal [4]	$230.00
D6782	Crown - ¾ cast noble metal [4]	$230.00
D6790	Crown - full cast high noble metal [4]	$330.00
D6791	Crown - full cast predominantly base metal [4]	$230.00
D6792	Crown - full cast noble metal [4]	$230.00
D6930	Re-cement or re-bond fixed partial denture	$20.00

D6940	Stress breaker [4]	$35.00
D6980	Fixed partial denture repair necessitated by restorative material failure	$30.00

**D7000-D7999 X. ORAL AND MAXILLOFACIAL SURGERY - *When referable services are provided by a Contract Specialist, the Enrollee pays 75 percent of that Dentist's "filed fees." **

- Includes preoperative and postoperative evaluations and treatment under a local anesthetic.

D7111	Extraction, coronal remnants - deciduous tooth	$15.00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	$15.00
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	$35.00
D7220	Removal of impacted tooth - soft tissue	$55.00
D7230	Removal of impacted tooth - partially bony	$75.00
D7240	Removal of impacted tooth - completely bony	$95.00
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	$95.00
D7250	Surgical removal of residual tooth roots (cutting procedure)	$33.00
D7251	Coronectomy - intentional partial tooth removal	$95.00
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	$15.00
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	$15.00
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	$45.00
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	$45.00
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	$45.00
D7461	Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	$40.00
D7510	Incision and drainage of abscess - intraoral soft tissue	$28.00
D7960	Frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	$45.00
D7970	Excision of hyperplastic tissue - per arch	$50.00

D8000-D8999 XI. ORTHODONTICS

** *If a Copayment dollar amount is not listed, Enrollee pays 75 percent of the Contract Orthodontist's "filed fees."*

D8070	Comprehensive orthodontic treatment of the transitional dentition - *child or adolescent to age 19* [7]	**
D8080	Comprehensive orthodontic treatment of the adolescent dentition - *adolescent to age 19* [7]	**
D8090	Comprehensive orthodontic treatment of the adult dentition - *adults, including dependent adult children covered as full-time students* [7]	**
D8660	Pre-orthodontic treatment examination to monitor growth and development - *not to be charged with any other consultation procedure(s)* [5]	No Cost
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s)) [6]	**

**D9000-D9999 XII. ADJUNCTIVE GENERAL SERVICES - *When referable services are provided by a Contract Specialist, the Enrollee pays 75 percent of that Dentist's "filed fees." **

D9110	Palliative (emergency) treatment of dental pain - minor procedure	$20.00
D9211	Regional block anesthesia	No Cost
D9212	Trigeminal division block anesthesia	No Cost
D9215	Local anesthesia in conjunction with operative or surgical procedures	No Cost
D9219	Evaluation for deep sedation or general anesthesia	No Cost
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	$5.00
D9440	Office visit - after regularly scheduled hours	$35.00
D9931	Cleaning and inspection of a removable appliance	No Cost
D9951	Occlusal adjustment, limited	$25.00
D9952	Occlusal adjustment, complete	$150.00
D9986	Missed appointment - *without 24 hour notice - per 15 minutes of appointment time*	$10.00
D9987	Canceled appointment - *without 24 hour notice - per 15 minutes of appointment time*	$10.00

All procedures listed may not be performed by the participating Contract Dentist selected by the Enrollee. The copayments shown apply to those DeltaCare USA participating Contract Dentists who perform those services and are not applicable for services performed by a participating Contract Specialist. Therefore, the Enrollee is encouraged to discuss availability of the scheduled services with their participating Contract Dentist. Procedures not listed that are performed by the participating Contract Dentist will be charged at the participating Contract Dentist's "filed fees" less 25%. Coverage for second opinions requested by the enrollee to determine the appropriateness of a treatment plan are covered at no cost to the enrollee.

* Should the Enrollee need a specialist (endodontist, orthodontist, oral surgeon, periodontist or pediatric dentist), they may be referred by their participating Contract Dentist, or they may refer themselves to any participating Contract Specialist from our directory. Upon

identification as a DeltaCare USA Enrollee, they will receive a 25% reduction from the participating Contract Specialist's "filed fees" for covered services performed. Specialist services are available only in areas where Delta Dental has a participating Contract Specialist.

"Filed fees" means the Contract Dentist's or Contract Specialist's fees on file with Delta Dental. Questions regarding these fees should be directed to the Customer Service department at 800-422-4234.

FOOTNOTES

1 *Porcelain and other tooth-colored materials on molars are considered a material upgrade with a maximum additional charge to the Enrollee of $150.00.*

2 *Replacement is subject to a limitation requiring the existing restoration to be 5+ years old.*

3 *Includes after delivery adjustments and tissue conditioning, if needed, for the first six months after placement, if the Enrollee continues to be eligible and the service is provided at the Contract Dentist's facility where the denture was originally delivered.*

4 *Replacement is subject to a limitation requiring the existing bridge to be 5+ years old.*

5 *In the event comprehensive orthodontic treatment is not required or is declined by the Enrollee, the Enrollee will receive a 25% reduction from the participating Contract Orthodontist's "filed fee." The Enrollee is also responsible for any incurred orthodontic diagnostic record fees.*

6 *Includes adjustments and/or office visits up to 24 months. After 24 months, a monthly fee of $75.00 applies.*

7 *Listed Copayment covers up to 24 months of active orthodontic treatment. Beyond 24 months of active treatment, an additional monthly fee of $75.00 applies.*

8 *Base or noble metal is the benefit. High noble metal (precious), if used, will be charged to the Enrollee at the additional maximum cost to the Enrollee of $100.00 per tooth. If an indirectly fabricated post and core is made of high noble metal, an additional fee up to $100.00 per tooth will be charged for the upgrade.*

9 *A Benefit for permanent teeth only.*

10 *Replacement is subject to a limitation requiring the existing denture to be 5+ years old.*

11 *Limited to 1 per denture during any 12 consecutive months.*

SCHEDULE B

Limitations of Benefits

1. Full mouth x-rays are limited to one set every 24 consecutive months and include any combination of periapicals, bitewings and/or panoramic film.
2. Bitewing x-rays are limited to not more than one series of four films in any six month period.
3. Diagnostic casts are limited to aid in diagnosis by the Contract Dentist for covered benefits.
4. Prophylaxis or periodontal maintenance is limited to one procedure each six month period at no cost. There is a $20.00 Copayment for additional prophylaxis within the six month period.
5. Benefits for sealants include the application of sealants only to permanent first and second molars with no decay, with no restorations and with the occlusal surface intact, for first molars through age nine and second molars through age 15. Benefits for sealants do not include the repair or replacement of a sealant on any tooth within three years of its application.
6. A filling is a benefit for the removal of decay, for minor repairs of tooth structure or to replace a lost filling.
7. A crown is a benefit when there is insufficient tooth structure to support a filling or to replace an existing crown that is non-functional or non-restorable and meets the five year limitation (Limitation #11).
8. A covered metallic inlay, onlay or indirectly fabricated post and core using base or noble metal is available for listed Copayment(s). If the Enrollee elects to have high noble metal used instead, the maximum additional cost of this material upgrade is $100.00 per tooth or pontic.
9. For molars, a covered inlay, onlay, crown, or unit of a fixed partial denture (bridge) is metallic without porcelain or other tooth-colored material. If the Enrollee elects to have porcelain, porcelain-fused-to-metal, resin or resin-with-metal used instead, the maximum additional cost for this tooth-colored material upgrade is $150.00 per molar.
10. If a porcelain margin is also chosen by the Enrollee for a covered porcelain-fused-to-metal crown, the maximum additional cost for this laboratory upgrade is $75.00.
11. The replacement of an existing inlay, onlay, crown, fixed partial denture (bridge) or a removable full or partial denture is covered when:
    a. The existing restoration/bridge/denture is no longer functional and cannot be made functional by repair or adjustment, **and**
    b. Either of the following:
        - The existing non-functional restoration/bridge/denture was placed five or more years prior to its replacement, **or**
        - If an existing partial denture is less than five years old, but must be replaced by a new partial denture due to the loss of a natural tooth, which cannot be replaced by adding another tooth to the existing partial denture.
12. With the exception of pulpotomies, endodontic procedures (e.g. root canal therapy, apicoectomy, retrofill, etc.) are only a benefit on a permanent tooth.
13. A therapeutic pulpotomy on a permanent tooth is limited to palliative treatment when the Contract Dentist is not performing root canal therapy.
14. Periodontal scaling and root planing are limited to four quadrants during any 12 month period.
15. Full mouth debridement (gross scale) is limited to one treatment in any 12 month period.
16. Coverage for the placement of a fixed partial denture (bridge) or removable partial denture:
    a. Fixed partial denture (bridge):
        - The sole tooth to be replaced in the arch is an anterior tooth, and the abutment teeth are not periodontally involved, **or**
        - The new bridge would replace an existing, non-functional bridge utilizing identical abutments and pontics (see Limitation #11); **or**
        - Each abutment tooth to be crowned meets Limitation #7.
    b. Removable partial denture:
        - Cast metal (D5213, D5214), one or more teeth are missing in an arch.
        - Resin based (D5211, D5212), one or more teeth are missing in an arch and abutment teeth have extensive periodontal disease (see Limitation #11).
17. Relines and tissue conditioning are limited to one per denture during any 12 consecutive months.
18. Interim partial dentures (stayplates), in conjunction with fixed or removable appliances, are limited to:

- The replacement of extracted anterior teeth for adults during a healing period when the teeth cannot be added to an existing partial denture **or**
- The replacement of permanent tooth/teeth for children under 16 years of age.

19. Retained primary teeth shall be covered as primary teeth.

20. Excision of the frenum is a benefit only when it results in limited mobility of the tongue, it causes a large diastema between teeth or it interferes with a prosthetic appliance.

21. In cases of accidental injury, benefits available are described in *Schedule B, Accident Injury Benefit*. Damages to the hard and soft tissues of the oral cavity from normal masticatory (chewing) function, exclusive attrition and normal wear, will be covered as described in *Schedules A, Description of Benefits and Copayments; and B, Limitations and Exclusions of Benefits.*

22. Benefits for a soft tissue management program are limited to those parts, which are listed covered services listed on Schedule A. If an Enrollee declines non-covered services within a soft tissue management program, it does not eliminate or alter other covered benefits.

23. A new removable partial, complete or immediate denture includes after delivery adjustments and tissue conditioning at no additional cost for the first six months after placement if the Enrollee continues to be eligible and the service is provided at the Contract Dentist's facility where the denture was originally delivered.

24. Procedures not listed on the schedule of benefits and copayments are excluded; however, if performed by the participating Contract Dentist, the Enrollee will be charged the participating Contract Dentist's "filed fee" less 25%.

"Filed fees" mean the Contract Dentist's fees on file with Delta Dental. Questions regarding these fees should be directed to the Customer Service department at 800-422-4234.

Exclusions of Benefits

1. Any service provided by an oral surgeon, endodontist, periodontist, orthodontist or pediatric dentist that is not specifically listed as a covered procedure.

2. Dental conditions arising out of and due to Enrollee's employment for which Worker's Compensation is paid. Services that are provided to the Enrollee by state government or agency thereof, or are provided without cost to the Enrollee by any municipality, county or other subdivision.

3. All related fees for admission, use, or stays in a hospital, out-patient surgery center, extended care facility, or other similar care facility.

4. Loss or theft of full or partial dentures, space maintainers, crowns and fixed partial dentures (bridges).

5. Dental expenses incurred in connection with any dental procedures started after termination of eligibility for coverage.

6. Dental expenses incurred in connection with any dental procedure started before the Enrollee's eligibility with the DeltaCare USA program. Examples include: teeth prepared for crowns, root canals in progress, orthodontics.

7. Congenital malformations (e.g. congenitally missing teeth, supernumerary teeth, enamel and dentinal dysplasias, etc.), except for the treatment of newborn children with congenital defects or birth abnormalities.

8. Dispensing of drugs not normally supplied in a dental facility.

9. Any procedure that in the professional opinion of the Contract Dentist or Delta Dental's dental consultant:

   a. has poor prognosis for a successful result and reasonable longevity based on the condition of the tooth or teeth and/or surrounding structures, **or**

   b. is inconsistent with generally accepted standards for dentistry.

10. Dental services received from any dental facility other than the assigned Contract Dentist, participating Contract Specialist or as cited under *Emergency Services*.

11. Consultations for non-covered benefits.

12. Implant placement or removal, appliances placed on or services associated with implants, including but not limited to prophylaxis and periodontal treatment.

13. Porcelain crowns, porcelain fused to metal or resin with metal type crowns and fixed partial dentures (bridges) for children under 16 years of age.

14. Restorations placed solely due to cosmetics, abrasions, attrition, erosion, restoring or altering vertical dimension, congenital or developmental malformation of teeth except as shown on the schedule of benefits and copayments.

15. Appliances or restorations necessary to increase vertical dimension, replace or stabilize tooth structure loss by attrition, realignment of teeth, periodontal splinting, gnathologic recordings, equilibration or treatment of disturbances of the temporomandibular joint (TMJ) except as shown on the schedule of benefits and copayments.

16. An initial treatment plan which involves the removal and reestablishment of the occlusal contacts of 10 or more teeth with crowns, onlays, fixed partial dentures (bridges), or any combination of these is considered to be full mouth reconstruction under the DeltaCare USA program. Crowns, onlays and fixed partial dentures associated with such a treatment plan are not covered Benefits. This exclusion does not eliminate the benefit for other covered services.

17. Precious metal for removable appliances, metallic or permanent soft bases for complete dentures, porcelain denture teeth, precision abutments for removable partials or fixed partial dentures (overlays, implants, and appliances associated therewith) and personalization and characterization of complete and partial dentures.

18. Extraction of teeth, when teeth are asymptomatic/non-pathologic (no signs or symptoms of pathology or infection), including but not limited to the removal of third molars and orthodontic extractions.

19. Treatment or extraction of primary teeth when exfoliation (normal shedding and loss) is imminent.

20. Treatment required by reason of war, declared or undeclared.

Orthodontic Limitations

The DeltaCare USA program provides coverage for orthodontic treatment plans provided through Contract Orthodontists. The start-up fees and the cost to the Enrollee for the treatment plan are listed in *Schedule A, Description of Benefits and Copayments* and subject to the following:

1. Orthodontic treatment must be provided by a Contract Orthodontist.

2. Benefits cover 24 months of active comprehensive orthodontic treatment. Included is the initial examination, diagnosis, consultation, initial banding, 24 months of active treatment, de-banding and the retention phase of treatment. The retention phase includes the initial construction, placement and adjustment to retainers and office visits for a maximum of two years.

3. Treatment plans extending beyond 24 months of active treatment, or 24 months of the retention phase of treatment will be subject to a monthly office visit fee to the Enrollee not to exceed $75.00 per month.

4. Should an Enrollee's coverage be cancelled or terminated for any reason, and at the time of cancellation or termination be receiving any orthodontic treatment, the Enrollee and not Delta Dental will be responsible for payment of any balance due for treatment provided after cancellation or termination. In such a case the Enrollee's payment shall be based on a maximum of 100% of the participating Contract Dentist's orthodontic "filed fee" for covered adults and dependent children to age 25. The amount will be prorated over the number of months to completion of the treatment and, will be payable by the Enrollee on such terms and conditions as are arranged between the Enrollee and the Contract Orthodontist.

5. If treatment is not required or the Enrollee chooses not to start treatment after the diagnosis and consultation has been completed by the Contract Orthodontist, the Enrollee will receive a 25% reduction from "filed fees" in addition to the total cost of diagnostic record fees.

6. Three recementations or replacements of a bracket/band on the same tooth or a total of five rebracketings/rebandings on different teeth during the covered course of treatment are Benefits. If any additional recementations or replacements of brackets/bands are performed, the Enrollee is responsible for the cost at the Contract Orthodontist's usual fee.

7. Comprehensive orthodontic treatment (Phase II) consists of repositioning all or nearly all of the permanent teeth in an effort to make the Enrollee's occlusion as ideal as possible. This treatment usually requires complete fixed appliances; however, when the Contract Orthodontist deems it suitable, a European or removable appliance therapy may be substituted at the same Copayment amounts as for fixed appliances.

8. Orthodontic treatment in progress is limited to new DeltaCare USA Enrollees who, at the time of their original effective date, are in active treatment started under their previous employer sponsored dental plan, as long as they continue to be eligible under the DeltaCare USA program. Active treatment means tooth movement has begun. Enrollees are responsible for all Copayments and fees subject to the provisions of their prior dental plan. Delta Dental is financially responsible only for amounts unpaid by the prior dental plan for qualifying orthodontic cases.

"Filed fees" means the Contract Orthodontist's fees on file with Delta Dental. Questions regarding these fees should be directed to the Customer Service department at 800-422-4234.

Orthodontic Exclusions

1. Pre-, mid- and post-treatment records which include cephalometric x-rays, tracings, photographs and study models.

2. Lost, stolen or broken orthodontic appliances.
3. Retreatment of orthodontic cases.
4. Changes in treatment necessitated by accident of any kind, and/or lack of Enrollee cooperation.
5. Surgical procedures incidental to orthodontic treatment.
6. Myofunctional therapy.
7. Surgical procedures related to cleft palate, micrognathia or macrognathia.
8. Treatment related to temporomandibular joint disturbances.
9. Supplemental appliances not routinely used in typical comprehensive orthodontics.
10. Restorative work caused by orthodontic treatment.
11. Phase I orthodontics, as well as activator appliances and minor treatment for tooth guidance and/or arch expansion. Phase I orthodontics is defined as early treatment including interceptive orthodontia prior to the development of late mixed dentition.
12. Extractions solely for the purpose of orthodontics.
13. Treatment in progress at inception of eligibility.
14. Transfer after banding has been initiated.
15. Composite bands, lingual adaptation of orthodontic bands and other specialized or cosmetic alternatives to standard fixed and removable orthodontic appliances.

Accident Injury Benefit

An accidental injury is damage to the hard and soft tissue of the mouth caused directly and independently of all other causes by external forces. Damage to the hard and soft tissue of the mouth from normal chewing function is covered under *Schedule A, Description of Benefits and Copayments*.

Delta Dental will pay up to 100% of the Contract Dentist's "filed fees," for expenses an Enrollee incurs for an accident injury, less any applicable Copayment(s), up to a Maximum of $1,600.00 in any 12 month period.

Accident injury benefits include the following procedure in addition to those listed in *Schedule A, Description of Benefits and Copayments*.

CODE

D7270 Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth and/or alveolus - includes splinting and/or stabilization.

Payment of accident injury benefits is subject to *Schedule B, Limitations and Exclusions of Benefits*, in addition to the following provisions:

MAXIMUM

Accident injury benefits will be provided for each Enrollee up to a maximum of $1,600.00 in any 12 month period.

LIMITATION

Accident injury benefits are limited to services provided as a result of an accident which occurred (a) while the Enrollee was covered under the DeltaCare USA program, or (b) while the Enrollee was covered under another DeltaCare USA program, and if the benefits for the expenses incurred would have been paid if the Enrollee had remained covered under that program.

EXCLUSIONS

In addition to *Schedule B*, limitations #13, #18, #19, #21 and #24 and exclusions #2-9, #11-15 and #18-20, the following exclusions apply:

1. Prophylaxis.
2. Extra-oral grafts (grafting of tissues from outside the mouth to oral tissue).
3. Replacement of existing restorations due to decay.

4. Orthodontic services (treatment of malalignment of teeth and/or jaws).

5. Replacement of existing restorations, crowns, bridges, dentures and other dental or orthodontic appliances damaged by accident injury.

"Filed fees" mean the Contract Dentist's fees on file with Delta Dental. Questions regarding these fees should be directed to the Customer Service department at 800-422-4234.

SmileWay® Wellness Program

Find all of our dental health resources, including a risk assessment tool, articles, videos and a free e-newsletter subscription, at: **mysmileway.com**.

DeltaCare USA Customer Service

800-422-4234

NOTE: THIS IS ONLY A BRIEF SUMMARY OF THE PLAN.

The Group Dental Service Contract must be consulted to determine the exact terms and conditions of coverage. A Certificate of Coverage will be sent to you upon enrollment. **If you wish to review an Evidence of Coverage prior to enrollment, you may request a copy by calling Customer Service at 800-422-4234.**

In Florida, DeltaCare USA is underwritten and administered by Delta Dental Insurance Company.

Customer Service
800-422-4234
Monday through Friday
8 a.m. to 9 p.m., Eastern time

Provided by:
Delta Dental Insurance Company
1130 Sanctuary Parkway, Suite 600
Alpharetta, GA 30009

DELTA DENTAL®

deltadentalins.com/enrollees

A REGISTERED MARK OF DELTA DENTAL PLANS ASSOCIATION

VI. DENTAL INSURANCE

B. DELTACARE® USA COMPREHENSIVE MANAGED CARE DENTAL PLAN (PLAN FLM97)

DeltaCare® USA – provided by Delta Dental Insurance Company

We'll do **whatever it takes and then some.**

Welcome to DeltaCare USA — quality, convenience, predictable costs

DeltaCare USA is a dental program that provides you and your family with quality dental benefits at an affordable cost. Offered through Delta Dental Insurance Company, the DeltaCare USA program is designed to encourage you and your family to visit the dentist regularly to maintain your dental health.

When you enroll, you select a contract dentist to provide services. The DeltaCare USA network consists of private practice dental facilities that have been carefully screened for quality.

Delta Dental Insurance Company provides benefits as a Prepaid Limited Health Services Organization as described in Chapter 636 of the Florida Statutes.

Enroll in DeltaCare USA and you'll enjoy these features:

Quality

- Extensive benefits for you and your family
- No restrictions on pre-existing conditions, except for work in progress
- Large, stable network of dentists, so you can enjoy a long-term relationship with your dentist

Convenience

- No claim forms to complete
- Easy access to specialty care
- Expanded business hours for toll-free customer service, from 8 a.m. to 9 p.m., Eastern time

Predictable costs

- No deductibles
- Out-of-pocket costs are clearly defined
- Out-of-area dental emergency coverage up to $100 per emergency
- No annual or lifetime dollar maximums

Find a DeltaCare USA dentist

Select from among the many conveniently located DeltaCare USA contracted general dentists. To find the most current listing of DeltaCare USA dental offices you can:

Visit our website at **deltadentalins.com/enrollees**. Under Find a dentist, select DeltaCare USA as your network.

Or call Customer Service at **800-422-4234** for help in finding a DeltaCare USA dentist.

DELTA DENTAL®

Administered by Delta Dental Insurance Company

What if I have questions about my DeltaCare USA Program?

Eligibility for you and your family

If you meet your group's eligibility requirements for dental coverage, you can enroll in the DeltaCare USA program. You may also enroll eligible dependents. Contact your benefits administrator if you have any questions.

Easy enrollment

Simply complete the enrollment process as directed by your benefits administrator. Be sure to indicate a dentist (from the list of contract dental facilities) for both yourself and your eligible dependents. Include the name of your group.

How your DeltaCare USA program works

Your selected contract dentist will take care of your dental care needs. If you require treatment from a specialist, your contract dentist will handle the referral for you.

After you have enrolled, you will receive a membership packet that includes an identification card and a Certificate of Coverage that fully describes the benefits of your dental program. Also included in this packet are the name, address and phone number of your contract dentist. Simply call the dental facility to make an appointment.

Under the DeltaCare USA program, many services are covered at no cost, while others have copayments (amount you pay your contract dentist) for certain benefits. See the "Description of Benefits and Copayments" for a list of your benefits.

Please note: Dental services that are not performed by your selected contract dentist, or are not covered under provisions for emergency care below, must be preauthorized by us to be covered by your DeltaCare USA program.

Provisions for emergency care

Under your DeltaCare USA program, you and your eligible dependents are covered for out-of-area dental emergencies (35 or more miles from your contract dentist). Your program pays up to $100 for out-of-area emergency dental expenses per emergency for each enrollee.

Accident injury benefit

The DeltaCare USA program provides coverage for accidental injury (caused by external forces) at 100% of the contract dentist's "filed fees" for benefits (less any applicable copayments). The enrollee must be eligible under the DeltaCare USA program when the accident occurs. Accident injury benefits are subject to a $1600 maximum, per 12 months, per person.

My dentist is a Delta Dental dentist but is not on the list of DeltaCare USA dentists. Can I still receive treatment from this dentist?

You must receive treatment from your selected DeltaCare USA contract dentist. Please note that Delta Dental dentists are not necessarily DeltaCare USA dentists.

Do my family members receive treatment from the same DeltaCare USA contract dentist?

You and your eligible dependents may receive care from the same contract dentist, or if you prefer, you may collectively select up to a maximum of three contract dental facilities.

Can I change my contract dentist?

You may change contract dentists by notifying us either by phone or in writing, or by visiting our website (deltadentalins.com). If you contact us by the 21st of the month, the change will become effective the first of the following month.

Highlights of your DeltaCare USA Program

Can I have my teeth whitened under the DeltaCare USA program?

External bleaching is a benefit under your program, subject to certain limitations. Talk to your contract dentist about your options.

Does my DeltaCare USA program cover tooth-colored fillings and crowns on molars?

The upgrade to porcelain and other tooth-colored materials on molars is included as a benefit under your program. The copayment shows you what your out of pocket cost will be.

How long does it take to get an appointment with a DeltaCare USA dentist?

Two to four weeks is a reasonable amount of time to wait for a routine, non-urgent appointment. If you require a specific time, you may have to wait longer. Most DeltaCare USA dentists are in private group practices, which means greater appointment availability and extended office hours.

Are pre-existing dental conditions and work in progress covered?

Treatment for pre-existing conditions, such as extracted teeth, is covered under the DeltaCare USA program. However, benefits are not provided for any dental treatment started before joining the program (that is, work in progress, such as preparations for crowns, root canals and impressions for dentures). Orthodontic treatment in progress may be covered for new DeltaCare USA enrollees. See the "Limitations and Exclusions of Benefits."

How does the DeltaCare USA program encourage preventive care?

Your DeltaCare USA program is designed to encourage regular visits to the dentist by having no copayments (fees you pay to the contract dentist) on most diagnostic and preventive benefits. See the enclosed "Description of Benefits and Copayments."

Does my DeltaCare USA program cover specialists' services?

Your contract dentist will coordinate your specialty care needs for oral surgery, endodontics, periodontics or pediatric dentistry with an approved contract specialist. Specialist services are available only in areas where DeltaCare USA has participating contract specialists. Benefits for procedures not listed on the description of benefits that are performed by a participating contract specialist are available at the participating contract specialist's 'filed fees' less 25%.

What if I have questions about my DeltaCare USA program?

Call Customer Service at 800-422-4234. We have multilingual representatives available from 8 a.m. to 9 p.m. Eastern time, Monday through Friday. Our Customer Service representatives can answer benefits questions, as well as arrange facility transfers and urgent care referrals.

Our Customer Service representatives have worked in dental facilities and can answer benefits questions, as well as arrange facility transfers and urgent care referrals.

SCHEDULE A

Description of Benefits and Copayments

The Benefits shown below are performed as deemed appropriate by the attending Contract Dentist subject to the limitations and exclusions of the Program. Please refer to *Schedule B* for further clarification of Benefits. **Enrollees should discuss all treatment options with their Contract Dentist prior to services being rendered.**

Text that appears in italics below is specifically intended to clarify the delivery of benefits under the DeltaCare USA program and is not to be interpreted as CDT-2015 procedure codes, descriptors or nomenclature that are under copyright by the American Dental Association. The American Dental Association may periodically change CDT codes or definitions. Such updated codes, descriptors and nomenclature may be used to describe these covered procedures in compliance with federal legislation.

CODE	DESCRIPTION	ENROLLEE PAYS
D0100-D0999	**I. DIAGNOSTIC - (*When services are provided by a Contract Specialist, the Enrollee pays the copayment noted*) ***	
D0120	Periodic oral evaluation - established patient	No Cost
D0140	Limited oral evaluation - problem focused	No Cost
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	No Cost
D0150	Comprehensive oral evaluation - new or established patient	No Cost
D0160	Detailed and extensive oral evaluation - problem focused, by report	No Cost
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	No Cost
D0171	Re-evaluation - post-operative office visit	$5.00
D0180	Comprehensive periodontal evaluation - new or established patient	No Cost
D0190	Screening of a patient	No Cost
D0191	Assessment of a patient	No Cost
D0210	Intraoral - complete series of radiographic images - *limited to 1 series every 24 months*	No Cost
D0220	Intraoral - periapical first radiographic image	No Cost
D0230	Intraoral - periapical each additional radiographic image	No Cost
D0240	Intraoral - occlusal radiographic image	No Cost
D0270	Bitewing - single radiographic image	No Cost
D0272	Bitewings - two radiographic images	No Cost
D0273	Bitewings three radiographic images	No Cost
D0274	Bitewings - four radiographic images - *limited to 1 series every 6 months*	No Cost
D0277	Vertical bitewings - 7 to 8 radiographic images	No Cost
D0330	Panoramic radiographic image	No Cost
D0415	Collection of microorganisms for culture and sensitivity	No Cost
D0425	Caries susceptibility tests	No Cost
D0460	Pulp vitality tests	No Cost
D0470	Diagnostic casts	No Cost
D0601	Caries risk assessment and documentation, with a finding of low risk - *limited to children age 3 to 19, 1 every 3 years*	No Cost
D0602	Caries risk assessment and documentation, with a finding of moderate risk - *limited to children age 3 to 19, 1 every 3 years*	No Cost
D0603	Caries risk assessment and documentation, with a finding of high risk - *limited to children age 3 to 19, 1 every 3 years*	No Cost
D0999	Unspecified diagnostic procedure, by report - *includes office visit, per visit (in addition to other services)*	$5.00
D1000-D1999	**II. PREVENTIVE - (*When services are provided by a Contract Specialist, the Enrollee pays the copayment noted*) ***	
D1110	Prophylaxis *cleaning* - adult - *1 per 6 month period*	No Cost
D1110	*Additional prophylaxis cleaning - adult (within the 6 month period)*	$15.00
D1120	Prophylaxis *cleaning* - child - *1 per 6 month period*	No Cost
D1120	*Additional prophylaxis cleaning - child (within the 6 month period)*	$15.00
D1206	Topical application of fluoride varnish - *child to age 19; 1 D1206 or D1208 per 6 month period*	No Cost
D1208	Topical application of fluoride - excluding varnish - *child to age 19; 1 D1206 or D1208 per 6 month period*	No Cost
D1310	Nutritional counseling for control of dental disease	No Cost
D1330	Oral hygiene instructions	No Cost
D1351	Sealant - per tooth - *limited to permanent molars through age 15*	$7.00

D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth - *limited to permanent molars through age 15*	$7.00
D1353	Sealant repair - per tooth - *limited to permanent molars through age 15*	$7.00
D1510	Space maintainer - fixed - unilateral	$45.00
D1515	Space maintainer - fixed - bilateral	$45.00
D1520	Space maintainer - removable - unilateral	$85.00
D1525	Space maintainer - removable - bilateral	$85.00
D1550	Re-cement or re-bond space maintainer	$10.00
D1555	Removal of fixed space maintainer	$10.00

D2000-D2999 III. RESTORATIVE - (*When services are provided by a Contract Specialist, the Enrollee pays the copayment noted*) *

- Includes polishing, all adhesives and bonding agents, indirect pulp capping, bases, liners and acid etch procedures.
- When there are more than six crowns in the same treatment plan, an Enrollee may be charged an additional $125.00 per crown, beyond the 6th unit.
- Replacement of crowns, inlays and onlays requires the existing restoration to be 5+ years old.

D2140	Amalgam - one surface, primary or permanent	No Cost
D2150	Amalgam - two surfaces, primary or permanent	No Cost
D2160	Amalgam - three surfaces, primary or permanent	No Cost
D2161	Amalgam - four or more surfaces, primary or permanent	No Cost
D2330	Resin-based composite - one surface, anterior	$30.00
D2331	Resin-based composite - two surfaces, anterior	$37.00
D2332	Resin-based composite - three surfaces, anterior	$45.00
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	$65.00
D2390	Resin-based composite crown, anterior	$65.00
D2391	Resin-based composite - one surface, posterior	$55.00
D2392	Resin-based composite - two surfaces, posterior	$60.00
D2393	Resin-based composite - three surfaces, posterior	$65.00
D2394	Resin-based composite - four or more surfaces, posterior	$70.00
D2510	Inlay - metallic - one surface	$85.00
D2520	Inlay - metallic - two surfaces	$95.00
D2530	Inlay - metallic - three or more surfaces	$120.00
D2542	Onlay - metallic - two surfaces	$110.00
D2543	Onlay - metallic - three surfaces	$130.00
D2544	Onlay - metallic - four or more surfaces	$140.00
D2610	Inlay - porcelain/ceramic - one surface	$270.00
D2620	Inlay - porcelain/ceramic - two surfaces	$305.00
D2630	Inlay - porcelain/ceramic - three or more surfaces	$325.00
D2642	Onlay - porcelain/ceramic - two surfaces	$300.00
D2643	Onlay - porcelain/ceramic - three surfaces	$335.00
D2644	Onlay - porcelain/ceramic - four or more surfaces	$355.00
D2650	Inlay - resin-based composite - one surface	$170.00
D2651	Inlay - resin-based composite - two surfaces	$195.00
D2652	Inlay - resin-based composite - three or more surfaces	$230.00
D2662	Onlay - resin-based composite - two surfaces	$225.00
D2663	Onlay - resin-based composite - three surfaces	$250.00
D2664	Onlay - resin-based composite - four or more surfaces	$295.00
D2710	Crown - resin-based composite (indirect)	$120.00
D2712	Crown - ¾ resin-based composite (indirect)	$120.00
D2720	Crown - resin with high noble metal	$325.00
D2721	Crown - resin with predominantly base metal	$225.00
D2722	Crown - resin with noble metal	$225.00
D2740	Crown - porcelain/ceramic substrate	$375.00
D2750	Crown - porcelain fused to high noble metal	$375.00
D2751	Crown - porcelain fused to predominantly base metal	$275.00
D2752	Crown - porcelain fused to noble metal	$275.00
D2780	Crown - ¾ cast high noble metal	$295.00
D2781	Crown - ¾ cast predominantly base metal	$195.00

D2782	Crown - ¾ cast noble metal	$195.00
D2790	Crown - full cast high noble metal	$310.00
D2791	Crown - full cast predominantly base metal	$210.00
D2792	Crown - full cast noble metal	$210.00
D2794	Crown - titanium	$325.00
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	$10.00
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	$10.00
D2920	Re-cement or re-bond crown	$10.00
D2921	Reattachment of tooth fragment, incisal edge or cusp *(anterior)*	$65.00
D2929	Prefabricated porcelain/ceramic crown - primary tooth - *anterior*	$45.00
D2930	Prefabricated stainless steel crown - primary tooth	$45.00
D2931	Prefabricated stainless steel crown - permanent tooth	$45.00
D2932	Prefabricated resin crown - *anterior primary tooth*	$55.00
D2933	Prefabricated stainless steel crown with resin window - *anterior primary tooth*	$45.00
D2940	Protective restoration	$15.00
D2941	Interim therapeutic restoration - primary dentition	$15.00
D2949	Restorative foundation for an indirect restoration	$40.00
D2950	Core buildup, including any pins when required	$40.00
D2951	Pin retention - per tooth, in addition to restoration	$12.00
D2952	Post and core in addition to crown, indirectly fabricated - *includes canal preparation*	$90.00
D2953	Each additional indirectly fabricated post - same tooth - *includes canal preparation*	$35.00
D2954	Prefabricated post and core in addition to crown - *base metal post; includes canal preparation*	$75.00
D2957	Each additional prefabricated post - same tooth - *base metal post; includes canal preparation*	$25.00
D2970	Temporary crown (fractured tooth) - *palliative treatment only*	$20.00
D2980	Crown repair necessitated by restorative material failure	$20.00
D2981	Inlay repair necessitated by restorative material failure	$20.00
D2982	Onlay repair necessitated by restorative material failure	$20.00
D2983	Veneer repair necessitated by restorative material failure	$20.00
D2990	Resin infiltration of incipient smooth surface lesions - *limited to permanent molars through age 15*	$7.00

D3000-D3999 IV. ENDODONTICS - (*When services are provided by a Contract Specialist, the Enrollee pays the copayment noted*) *

D3110	Pulp cap - direct (excluding final restoration)	$12.00
D3120	Pulp cap - indirect (excluding final restoration)	$12.00
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	$30.00
D3221	Pulpal debridement, primary and permanent teeth	$30.00
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	$30.00
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	$30.00
D3310	*Root canal* - endodontic therapy, anterior tooth (excluding final restoration)	$80.00
D3320	*Root canal* - endodontic therapy, bicuspid tooth (excluding final restoration)	$140.00
D3330	*Root canal* - endodontic therapy, molar (excluding final restoration)	$200.00
D3346	Retreatment of previous root canal therapy - anterior	$360.00
D3347	Retreatment of previous root canal therapy - bicuspid	$475.00
D3348	Retreatment of previous root canal therapy - molar	$580.00
D3410	Apicoectomy - anterior	$95.00
D3421	Apicoectomy - bicuspid (first root)	$95.00
D3425	Apicoectomy - molar (first root)	$95.00
D3426	Apicoectomy (each additional root)	$50.00
D3427	Periradicular surgery without apicoectomy	$95.00
D3430	Retrograde filling - per root	$50.00
D3450	Root amputation - per root	$60.00

D4000-D4999 V. PERIODONTICS - (*When services are provided by a Contract Specialist, the Enrollee pays the copayment noted*) *

- Includes preoperative and postoperative evaluations and treatment under a local anesthetic.

D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	$120.00
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	$36.00

D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	$36.00
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	$300.00
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	$300.00
D4277	Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in graft	$215.00
D4278	Free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth position in same graft site	$215.00
D4341	Periodontal scaling and root planing - four or more teeth per quadrant - *limited to 4 quadrants during any 12 consecutive months*	$45.00
D4342	Periodontal scaling and root planing - one to three teeth per quadrant - *limited to 4 quadrants during any 12 consecutive months*	$45.00
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis - *limited to 1 treatment in any 12 consecutive months*	$35.00
D4910	Periodontal maintenance - *limited to 1 treatment each 6 month period*	$45.00
D4910	*Additional periodontal maintenance (within the 6 month period)*	$65.00
D4921	Gingival irrigation - per quadrant	No Cost

D5000-D5899 VI. PROSTHODONTICS (removable)

- For all listed dentures and partial dentures, Copayment includes after delivery adjustments and tissue conditioning, if needed, for the first six months after placement. The Enrollee must continue to be eligible, and the service must be provided at the Contract Dentist's facility where the denture was originally delivered.
- Relines and tissue conditioning are limited to 1 per denture during any 12 consecutive months.
- Replacement of a denture or a partial denture requires the existing denture to be 5+ years old.

D5110	Complete denture - maxillary	$260.00
D5120	Complete denture - mandibular	$260.00
D5130	Immediate denture - maxillary	$280.00
D5140	Immediate denture - mandibular	$280.00
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	$280.00
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	$280.00
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	$350.00
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	$295.00
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	$570.00
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	$570.00
D5410	Adjust complete denture - maxillary	$15.00
D5411	Adjust complete denture - mandibular	$15.00
D5421	Adjust partial denture - maxillary	$15.00
D5422	Adjust partial denture - mandibular	$15.00
D5510	Repair broken complete denture base	$54.00
D5520	Replace missing or broken teeth - complete denture (each tooth)	$32.00
D5610	Repair resin denture base	$54.00
D5620	Repair cast framework	$60.00
D5630	Repair or replace broken clasp	$54.00
D5640	Replace broken teeth - per tooth	$32.00
D5650	Add tooth to existing partial denture	$60.00
D5660	Add clasp to existing partial denture	$40.00
D5730	Reline complete maxillary denture (chairside)	$45.00
D5731	Reline complete mandibular denture (chairside)	$45.00
D5740	Reline maxillary partial denture (chairside)	$45.00
D5741	Reline mandibular partial denture (chairside)	$45.00
D5750	Reline complete maxillary denture (laboratory)	$125.00
D5751	Reline complete mandibular denture (laboratory)	$125.00
D5760	Reline maxillary partial denture (laboratory)	$125.00
D5761	Reline mandibular partial denture (laboratory)	$125.00
D5820	Interim partial denture (maxillary) - *limited to 1 in any 12 consecutive months*	$115.00
D5821	Interim partial denture (mandibular) - *limited to 1 in any 12 consecutive months*	$115.00

D5850	Tissue conditioning, maxillary	$25.00
D5851	Tissue conditioning, mandibular	$25.00

D5900-D5999 VII. MAXILLOFACIAL PROSTHETICS - Not Covered

D6000-D6199 VIII. IMPLANT SERVICES - Not Covered

D6200-D6999 IX. PROSTHODONTICS, fixed (each retainer and each pontic constitutes a unit in a fixed partial denture [bridge])

- When a crown and/or pontic exceeds six units in the same treatment plan, an Enrollee may be charged an additional $125.00 per unit, beyond the 6th unit.
- Replacement of a crown, pontic, inlay, onlay or stress breaker requires the existing bridge to be 5+ years old.

D6210	Pontic - cast high noble metal	$310.00
D6211	Pontic - cast predominantly base metal	$210.00
D6212	Pontic - cast noble metal	$210.00
D6240	Pontic - porcelain fused to high noble metal	$375.00
D6241	Pontic - porcelain fused to predominantly base metal	$275.00
D6242	Pontic - porcelain fused to noble metal	$275.00
D6245	Pontic - porcelain/ceramic	$375.00
D6250	Pontic - resin with high noble metal	$375.00
D6251	Pontic - resin with predominantly base metal	$275.00
D6252	Pontic - resin with noble metal	$275.00
D6600	Inlay - porcelain/ceramic, two surfaces	$305.00
D6601	Inlay - porcelain/ceramic, three or more surfaces	$325.00
D6602	Inlay - cast high noble metal, two surfaces	$255.00
D6603	Inlay - cast high noble metal, three or more surfaces	$265.00
D6604	Inlay - cast predominantly base metal, two surfaces	$155.00
D6605	Inlay - cast predominantly base metal, three or more surfaces	$165.00
D6606	Inlay - cast noble metal, two surfaces	$185.00
D6607	Inlay - cast noble metal, three or more surfaces	$195.00
D6608	Onlay - porcelain/ceramic, two surfaces	$300.00
D6609	Onlay - porcelain/ceramic, three or more surfaces	$335.00
D6610	Onlay - cast high noble metal, two surfaces	$260.00
D6611	Onlay - cast high noble metal, three or more surfaces	$270.00
D6612	Onlay - cast predominantly base metal, two surfaces	$160.00
D6613	Onlay - cast predominantly base metal, three or more surfaces	$170.00
D6614	Onlay - cast noble metal, two surfaces	$190.00
D6615	Onlay - cast noble metal, three or more surfaces	$200.00
D6720	Crown - resin with high noble metal	$375.00
D6721	Crown - resin with predominantly base metal	$275.00
D6722	Crown - resin with noble metal	$275.00
D6740	Crown - porcelain/ceramic	$375.00
D6750	Crown - porcelain fused to high noble metal	$375.00
D6751	Crown - porcelain fused to predominantly base metal	$275.00
D6752	Crown - porcelain fused to noble metal	$275.00
D6780	Crown - ¾ cast high noble metal	$295.00
D6781	Crown - ¾ cast predominantly base metal	$195.00
D6782	Crown - ¾ cast noble metal	$195.00
D6790	Crown - full cast high noble metal	$310.00
D6791	Crown - full cast predominantly base metal	$210.00
D6792	Crown - full cast noble metal	$210.00
D6930	Re-cement or re-bond fixed partial denture	$10.00
D6940	Stress breaker	$35.00
D6980	Fixed partial denture repair necessitated by restorative material failure	$25.00

D7000-D7999 X. ORAL AND MAXILLOFACIAL SURGERY - (*When services are provided by a Contract Specialist, the Enrollee pays the copayment noted*) *

- Includes preoperative and postoperative evaluations and treatment under a local anesthetic.

D7111	Extraction, coronal remnants - deciduous tooth	No Cost
D7111	Extraction, coronal remnants - deciduous tooth *(each additional)*	$5.00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	No Cost
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal) *(each additional)*	$5.00
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	$25.00
D7220	Removal of impacted tooth - soft tissue	$40.00
D7230	Removal of impacted tooth - partially bony	$60.00
D7240	Removal of impacted tooth - completely bony	$75.00
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	$75.00
D7250	Surgical removal of residual tooth roots (cutting procedure)	$25.00
D7251	Coronectomy - intentional partial tooth removal	$75.00
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	$20.00
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	$20.00
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	$50.00
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	$50.00
D7510	Incision and drainage of abscess - intraoral soft tissue	$20.00
D7960	Frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	No Cost

D8000-D8999 XI. ORTHODONTICS

- The listed Copayment for each phase of orthodontic treatment (limited, interceptive or comprehensive) covers up to 24 months of active treatment. Beyond 24 months, an additional monthly fee, not to exceed $75.00, may apply.
- The Retention Copayment includes adjustments and/or office visits up to 24 months.

Pre and post orthodontic records include:

	The benefit for pre-treatment records and diagnostic services includes:	$250.00
D0210	Intraoral - complete series of radiographic images	
D0322	Tomographic survey	
D0330	Panoramic radiographic image	
D0340	Cephalometric radiographic image	
D0350	2D oral/facial photographic images obtained intraorally or extraorally	
D0351	3D photographic image	
D0470	Diagnostic casts	
	The benefit for post-treatment records includes:	$120.00
D0210	Intraoral - complete series of radiographic images	
D0470	Diagnostic casts	
D8010	Limited orthodontic treatment of the primary dentition	$1,150.00
D8020	Limited orthodontic treatment of the transitional dentition - *child or adolescent to age 19*	$1,150.00
D8030	Limited orthodontic treatment of the adolescent dentition - *adolescent to age 19*	$1,150.00
D8040	Limited orthodontic treatment of the adult dentition - *adults, including dependent adult children covered from age 19 to 25*	$1,350.00
D8050	Interceptive orthodontic treatment of the primary dentition	$1,150.00
D8060	Interceptive orthodontic treatment of the transitional dentition	$1,150.00
D8070	Comprehensive orthodontic treatment of the transitional dentition - *child or adolescent to age 19*	$1,650.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition - *adolescent to age 19*	$1,650.00
D8090	Comprehensive orthodontic treatment of the adult dentition - *adults, including dependent adult children covered as full-time students*	$1,850.00
D8660	Pre-orthodontic treatment examination to monitor growth and development	$25.00
D8680	Orthodontic retention (removal of appliances, construction and placement of *removable* retainers)	No Cost
D8999	Unspecified orthodontic procedure, by report - *includes treatment planning session*	$350.00

D9000-D9999 XII. ADJUNCTIVE GENERAL SERVICES - (*When services are provided by a Contract Specialist, the Enrollee pays the copayment noted*) *

D9110	Palliative (emergency) treatment of dental pain - minor procedure	$20.00
D9211	Regional block anesthesia	No Cost

D9212	Trigeminal division block anesthesia	No Cost
D9215	Local anesthesia in conjunction with operative or surgical procedures	No Cost
D9219	Evaluation for deep sedation or general anesthesia	No Cost
D9220	Deep sedation/general anesthesia - first 30 minutes	$195.00
D9221	Deep sedation/general anesthesia - each additional 15 minutes	$95.00
D9241	Intravenous moderate (conscious) sedation/analgesia - first 30 minutes	$195.00
D9242	Intravenous moderate (conscious) sedation/analgesia - each additional 15 minutes	$95.00
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	$50.00
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	$5.00
D9440	Office visit - after regularly scheduled hours	$35.00
D9450	Case presentation, detailed and extensive treatment planning	$5.00
D9931	Cleaning and inspection of a removable appliance	No Cost
D9940	Occlusal guard, by report - *limited to 1 in 3 years*	$115.00
D9951	Occlusal adjustment, limited	$25.00
D9952	Occlusal adjustment, complete	$135.00
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays - *limited to one bleaching tray and gel for two weeks of self-treatment*	$125.00
D9986	Missed appointment - *without 24 hour notice - per 15 minutes of appointment time*	$10.00
D9987	Canceled appointment - *without 24 hour notice - per 15 minutes of appointment time*	$10.00

All procedures listed may not be performed by the participating Contract Dentist selected by the Enrollee. The copayments shown apply to those DeltaCare USA participating Contract Dentists and participating Contract Specialists who perform those services. Therefore, the Enrollee is encouraged to discuss availability of the scheduled services with their participating Contract Dentist. Procedures not listed that are performed by the participating Contract Dentist will be charged at the Contract Dentist's "filed fees" less 25%. Coverage for second opinions to determine the appropriateness of a treatment plan are covered at no cost to the enrollee.

* Should the Enrollee need a specialist (endodontist, orthodontist, oral surgeon, periodontist or pediatric dentist), they may be referred by their participating Contract Dentist. Copayment amounts are applicable when treatment is performed by participating Contract Dentists or participating Contract Specialists. Benefits for procedures not listed on the schedule of benefits that are performed by a participating Contract Specialist are available at the participating Contract Specialist's "filed fee" less 25%. Specialist services are available only in areas where Delta Dental has a participating Contract Specialist.

"Filed fees" means the Contract Dentist's or Contract Specialist's fees on file with Delta Dental. Questions regarding these fees should be directed to the Customer Service department at 800-422-4234.

SCHEDULE B

Limitations of Benefits

1. The frequency of certain Benefits is limited. All frequency limitations are listed in *Schedule A, Description of Benefits and Copayments*.
2. Any procedure that is not specifically listed under *Schedule A*, *Description of Benefits and Copayments* that are performed by a participating Contract Dentist or participating Contract Specialist will be charged at 75% of the Contract Dentist or Contract Specialists filed fee.
3. If the Enrollee accepts a treatment plan from the Contract Dentist that includes any combination of more than six crowns, bridge pontics and/or bridge retainers, the Enrollee may be charged an additional $125.00 above the listed Copayment for each of these services after the sixth unit has been provided.
4. If a porcelain margin is also chosen by the Enrollee for a covered porcelain-fused-to-metal crown, the maximum additional cost for this laboratory upgrade is $75.00.
5. General anesthesia and/or intravenous sedation/analgesia is limited to treatment by a contracted oral surgeon and in conjunction with an approved referral for the removal of one or more partial or full bony impactions, (Procedures D7230, D7240, and D7241).
6. Benefits provided by a pediatric Dentist are limited to children through age seven following an attempt by the assigned Contract Dentist to treat the child and upon Authorization by Delta Dental, less applicable Copayments. Exceptions for medical conditions, regardless of age limitation, will be considered on an individual basis.
7. The cost to an Enrollee receiving orthodontic treatment whose coverage is cancelled or terminated for any reason will be based on the Contract Orthodontist's usual fee for the treatment plan. The Contract Orthodontist will prorate the amount for the number of months remaining to complete treatment. The Enrollee makes payment directly to the Contract Orthodontist as arranged.
8. Orthodontic treatment in progress is limited to new DeltaCare USA Enrollees who, at the time of their original effective date, are in active treatment started under their previous employer sponsored dental plan, as long as they continue to be eligible under the DeltaCare USA program. Active treatment means tooth movement has begun. Enrollees are responsible for all Copayments and fees subject to the provisions of their prior dental plan. Delta Dental is financially responsible only for amounts unpaid by the prior dental plan for qualifying orthodontic cases.

Exclusions of Benefits

1. Any procedure that in the professional opinion of the Contract Dentist:
   a. has poor prognosis for a successful result and reasonable longevity based on the condition of the tooth or teeth and/or surrounding structures, **or**
   b. is inconsistent with generally accepted standards for dentistry.
2. Services solely for cosmetic purposes, with the exception of procedure D9975, (External bleaching for home application, per arch), abrasions, attrition, erosion or for conditions that are a result of hereditary or developmental defects, such as cleft palate, upper and lower jaw malformations, congenitally missing teeth and teeth that are discolored or lacking enamel, except for the treatment of newborn children with congenital defects or birth abnormalities.
3. Porcelain crowns, porcelain fused to metal, cast metal or resin with metal type crowns and fixed partial dentures (bridges) for children under 16 years of age.
4. Lost or stolen appliances including, but not limited to, full or partial dentures, space maintainers, crowns and fixed partial dentures (bridges).
5. Procedures, appliances or restoration if the purpose is to change vertical dimension, or to diagnose or treat abnormal conditions of the temporomandibular joint (TMJ).
6. Precious metal for removable appliances, metallic or permanent soft bases for complete dentures, porcelain denture teeth, precision abutments for removable partials or fixed partial dentures (overlays, implants, and appliances associated therewith) and personalization and characterization of complete and partial dentures.
7. Implant-supported dental appliances and attachments, implant placement, maintenance, removal and all other services associated with a dental implant.
8. Consultations for non-covered benefits.
9. Dental services received from any dental facility other than the assigned Contract Dentist, an authorized dental specialist, or a Contract Orthodontist except for *Emergency Services* as described in the Contract and/or Certificate of Coverage.

10. All related fees for admission, use, or stays in a hospital, out-patient surgery center, extended care facility, or other similar care facility.
11. Prescription drugs.
12. Dental expenses incurred in connection with any dental or orthodontic procedure started before the Enrollee's eligibility with the DeltaCare USA Program. Examples include: teeth prepared for crowns, root canals in progress, full or partial dentures for which an impression has been taken and orthodontics unless qualified for the orthodontic treatment in progress provision.
13. Lost, stolen or broken orthodontic appliances.
14. Changes in orthodontic treatment necessitated by accident of any kind.
15. Myofunctional and parafunctional appliances and/or therapies.
16. Composite or ceramic brackets, lingual adaptation of orthodontic bands and other specialized or cosmetic alternatives to standard fixed and removable orthodontic appliances.
17. Treatment or appliances that are provided by a Dentist whose practice specializes in prosthodontic services.
18. Extraction of teeth, when teeth are asymptomatic/non-pathologic (no signs or symptoms of pathology or infection), including but not limited to the removal of third molars and orthodontic extractions.
19. Treatment or extraction of primary teeth when exfoliation (normal shedding and loss) is imminent.
20. Treatment required by reason of war, declared or undeclared.
21. Dental expenses incurred in connection with any dental procedures started after termination of eligibility for coverage.
22. Retained primary teeth shall be covered as primary teeth.

Accident Injury Benefit

An accidental injury is damage to the hard and soft tissue of the mouth caused directly and independently of all other causes by external forces. Damage to the hard and soft tissue of the mouth from normal chewing function is covered under *Schedule A, Description of Benefits and Copayments*.

Delta Dental will pay up to 100% of the Contract Dentist's "filed fees," for expenses an Enrollee incurs for an accident injury, less any applicable Copayment(s), up to a Maximum of $1,600.00 in any 12 month period.

Accident injury benefits include the following procedure in addition to those listed in *Schedule A, Description of Benefits and Copayments*.

CODE

D7270 Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth and/or alveolus - includes splinting and/or stabilization.

Payment of accident injury benefits is subject to *Schedule B, Limitations and Exclusions of Benefits*, in addition to the following provisions:

MAXIMUM

Accident injury benefits will be provided for each Enrollee up to a maximum of $1,600.00 in any 12 month period.

LIMITATION

Accident injury benefits are limited to services provided as a result of an accident which occurred (a) while the Enrollee was covered under the DeltaCare USA program, or (b) while the Enrollee was covered under another DeltaCare USA program, and if the benefits for the expenses incurred would have been paid if the Enrollee had remained covered under that program.

EXCLUSIONS OF BENEFITS

In addition to *Schedule B*, exclusions #1-8, #10-12, 14, 18-22, the following limitations and exclusions also apply:

1. Prophylaxis.
2. A therapeutic pulpotomy on a permanent tooth is limited to palliative treatment when the Contract Dentist is not performing root canal therapy.

3. Interim partial dentures (stayplates), in conjunction with fixed or removable appliances, are limited to:
    - The replacement of extracted anterior teeth for adults during a healing period when the teeth cannot be added to an existing partial denture **or**
    - The replacement of permanent tooth/teeth for children under 16 years of age.
4. Extra-oral grafts (grafting of tissues from outside the mouth to oral tissue).
5. Replacement of existing restorations due to decay.
6. Orthodontic services (treatment of malalignment of teeth and/or jaws).
7. Replacement of existing restorations, crowns, bridges, dentures and other dental or orthodontic appliances damaged by accident injury.
8. Procedures not shown on *Schedule A* other than D7270 as noted above.

SmileWay® Wellness Program

Find all of our dental health resources, including a risk assessment tool, articles, videos and a free e-newsletter subscription, at: **mysmileway.com**.

DeltaCare USA Customer Service

800-422-4234

NOTE: THIS IS ONLY A BRIEF SUMMARY OF THE PLAN.

The Group Dental Service Contract must be consulted to determine the exact terms and conditions of coverage. A Certificate of Coverage will be sent to you upon enrollment. **If you wish to review an Evidence of Coverage prior to enrollment, you may request a copy by calling Customer Service at 800-422-4234.**

In Florida, DeltaCare USA is underwritten and administered by Delta Dental Insurance Company.

Customer Service
800-422-4234
Monday through Friday
8 a.m. to 9 p.m., Eastern time

Provided by:
Delta Dental Insurance Company
1130 Sanctuary Parkway, Suite 600
Alpharetta, GA 30009

DELTA DENTAL®

deltadentalins.com/enrollees

A REGISTERED MARK OF DELTA DENTAL PLANS ASSOCIATION

VI. DENTAL INSURANCE

C. DELTA DENTAL PPO DENTAL PLAN
(PREFERRED PROVIDER ORGANIZATION)

Plan Benefit Highlights for: Orange County Public Schools

Group No: 01552

DELTA DENTAL PPO℠

BENEFIT HIGHLIGHTS

Eligibility	Primary enrollee, spouse (includes domestic partner) and eligible dependent children to the end of the yea dependent turns age age 26		
Deductibles	In-Network: $25 per person / $75 per family each calendar year Out-of-Network: $50 per person / $150 per family each calendar year		
Deductibles waived for D & P?	Yes		
Maximums	$1,300 per person each calendar year		
D & P counts toward maximum?	No		
Waiting Period(s)	Basic Benefits 0 Months	Major Benefits 0 Months	Orthodontics 0 Months

Benefits and Covered Services*	**Delta Dental PPO dentists****	**Non-Delta Dental PPO dentists****
Diagnostic & Preventive Services (D & P) Exams, cleanings, fluoride treatment, space maintainers, sealants and x-rays	100 %	80 %
Basic Services Fillings	80 %	60 %
Endodontics (root canals) Covered Under Basic Services	80 %	60 %
Periodontics (gum treatment) Covered Under Basic Services	80 %	60 %
Oral Surgery Incisions, excisions and surgical removal of tooth Covered Under Basic Services	80 %	60 %
Major Services Crowns, inlays, onlays and cast restorations, Major Endodontics and Major Periodontics	50 %	40 %
Prosthodontics Bridges and dentures	50 %	40 %

* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist's submitted fees.

** Reimbursement is based on PPO contracted fees for PPO dentists, PPO contracted fees for Premier dentists and Premier contracted fees for non-Delta Dental dentists.

Delta Dental of Pennsylvania
One Delta Drive
Mechanicsburg, PA 17055

Customer Service
800-932-0783

Claims Address
P.O. Box 2105
Mechanicsburg, PA 17055-6999

deltadentalins.com

This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative.

Delta Dental PPO Plan
Frequently Asked Questions

1. What is my deductible?

Your deductible will vary depending on whether or not you choose to use a participating Delta Dental PPO provider. When using the in-network PPO dentist, you will have a $25 calendar year deductible (maximum $75 per family). When using the out-of-network dentist you will have a $50 calendar year deductible (maximum $150 per family). The deductible is waived for Preventive and Diagnostic procedures.

2. What is my maximum benefit?

The maximum benefit payable is $1,300 per covered enrollee per calendar year.

Your plan includes the D&P Maximum Waiver benefit allowing you to obtain diagnostic and preventive dental services without those costs applying to the plan year maximum.

3. Who submits my claim – me or the dentist?

Delta Dental dentists will file all claim forms for the enrollee and accept payment directly from Delta Dental.

4. Who gets paid – me or the dentist?

Participating dentists accept payment directly from Delta Dental. Delta Dental pays patients for claims processed if the patients visit a non-network dentist who does not file the enrollee's claim, or if the assignment of benefits to the non-network dentist was not indicated on the claim.

5. How are benefits coordinated if I am covered under more than one policy?

If enrollees are covered under more than one plan, Delta Dental's coordination of benefits (COB) procedures follow the industry standard "birthday rule". The insurance carrier covering the primary insured will be the first carrier responsible to pay the primary insured's claims. For covered dependent children, the birthday rule is applied. Under this rule, the company insuring the parent whose birthday falls earliest in each calendar year will pay claims first. The remaining amount may be reimbursed by the secondary insurer, up to 100% of the *procedure (individual contract requirements may supersede).* Delta Dental returns all claims that do not include coordination of benefit information to the dental office, and sends a copy of the missing information letter to the patient.

6. How do I obtain a claim form?

We can provide School Board of Orange County a supply of claim forms; however, a company-specific claim form is not required. Claim forms may also be obtained by visiting our web site at www.deltadentalins.com.

7. How long do I have to file a claim?

All claims are to be filed within one (1) year from the date of service.

8. Can I go to any dentist?

Yes, Delta Dental allows enrollees complete freedom of choice when selecting either a general dentist or a specialist.

9. Is there an orthodontic discount plan available to Orange County Public School employees and their families?

Yes, contact 407-660-9034 for a list of the orthodontists who are available to you.

10. What is the Delta Dental Premier network?

PPO dentist fees usually offer the greatest savings but if you do not visit a PPO dentist, you may benefit by choosing a Delta Dental Premier dentist over a non-Delta Dental dentist. Since Premier dentists agree not to balance bill over Delta Dental's approved amount, your out-of-pocket costs may be lower than with non-Delta Dental Dentists.

DELTA DENTAL

Delta Dental PPO Schedule of Benefits
Orlando, Tampa, & St. Petersburg Areas Only
Covering Zip Codes 327, 328, 335 - 337, 342, 346, 347

Procedure	Description	Maximum* Allowable Charge	Maximum** Reimbursement In Network	Maximum** Reimbursement Out of Network
DIAGNOSTIC (Deductible does not apply) Clinical Oral Evaluations				
D0120	periodic oral evaluation - established patient	$24.00	$24.00	$19.20
D0140	limited oral evaluation - problem focused	$40.00	$40.00	$32.00
D0145	oral evaluation for a patient under three years of age and counseling with primary caregiver	$24.00	$24.00	$19.20
D0150	comprehensive oral evaluation - new or established patient	$39.00	$39.00	$31.20
D0160	detailed and extensive oral evaluation - problem focused, by report	$64.00	$64.00	$51.20
D0170	re-evaluation - limited, problem focused (established patient; not post-operative visit)	$40.00	$40.00	$32.00
D0171	re-evaluation – post-operative office visit	$40.00	$40.00	$32.00
D0180	comprehensive periodontal evaluation - new or established patient	$49.00	$49.00	$39.20
D0190	screening of a patient	$17.00	$17.00	$13.60
D0191	assessment of a patient	$17.00	$17.00	$13.60
Radiographs/Diagnostic Imaging (Including Interpretation) (Any combination of bitewings, periapicals, and panoramic films taken on the same day will be combined as a complete series) (Deductible does not apply)				
D0210	intraoral - complete series of radiographic images	$75.00	$75.00	$60.00
D0220	intraoral - periapical first radiographic image	$15.00	$15.00	$12.00
D0230	intraoral - periapical each additional radiographic image	$12.00	$12.00	$9.60
D0240	intraoral - occlusal radiographic image	$17.00	$17.00	$13.60
D0250	extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector	$21.00	$21.00	$16.80
D0270	bitewing - single radiographic image	$15.00	$15.00	$12.00
D0272	bitewings - two radiographic images	$22.00	$22.00	$17.60
D0273	bitewings - three radiographic images	$27.00	$27.00	$21.60
D0274	bitewings - four radiographic images	$31.00	$31.00	$24.80
D0277	vertical bitewings - 7 to 8 radiographic images	$32.00	$32.00	$25.60
D0290	posterior-anterior or lateral skull and facial bone survey radiographic image	$64.00	$64.00	$51.20
D0310	sialography	$299.00	$299.00	$239.20
D0320	temporomandibular joint arthrogram, including injection	$234.00	$234.00	$187.20
D0321	other temporomandibular joint radiographic images, by report	$73.00	$73.00	$58.40
D0322	tomographic survey	$258.00	$258.00	$206.40
D0330	panoramic radiographic image	$64.00	$64.00	$51.20
D0340	2D cephalometric radiographic image – acquisition, measurement and analysis	$59.00	$59.00	$47.20
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	$33.00	$33.00	$26.40
D0351	3D photographic image	$32.00	$32.00	$25.60
D0364	cone beam CT capture and interpretation with limited field of view – less than one whole jaw	$193.00	$193.00	$154.40
D0365	cone beam CT capture and interpretation with field of view of one full dental arch – mandible	$235.00	$235.00	$188.00
D0366	cone beam CT capture and interpretation with field of view of one full dental arch – maxilla, with or without cranium	$228.00	$228.00	$182.40
D0367	cone beam CT capture and interpretation with field of view of both jaws, with or without cranium	$301.00	$301.00	$240.80
D0368	cone beam CT capture and interpretation for TMJ series including two or more exposures	$125.00	$125.00	$100.00
D0369	maxillofacial MRI capture and interpretation	$159.00	$159.00	$127.20

* The maximum allowable fee for each dental procedure agreed to by Delta Dental PPO providers - not applicable to specialists.
** The maximum Delta Dental will pay for each dental procedure – not applicable to specialists.

Procedure	Description	Maximum* Allowable Charge	Maximum** Reimbursement In Network	Maximum** Reimbursement Out of Network
D0370	maxillofacial ultrasound capture and interpretation	$64.00	$64.00	$51.20
D0371	sialoendoscopy capture and interpretation	$111.00	$111.00	$88.80
D0380	cone beam CT image capture with limited field of view – less than one whole jaw	$289.00	$289.00	$231.20
D0381	cone beam CT image capture with field of view of one full dental arch – mandible	$206.00	$206.00	$164.80
D0382	cone beam CT image capture with field of view of one full dental arch – maxilla, with or without cranium	$285.00	$285.00	$228.00
D0383	cone beam CT image capture with field of view of both jaws, with or without cranium	$335.00	$335.00	$268.00
D0384	cone beam CT image capture for TMJ series including two or more exposures	$250.00	$250.00	$200.00
D0385	maxillofacial MRI image capture	$120.00	$120.00	$96.00
D0386	maxillofacial ultrasound image capture	$486.00	$486.00	$388.80
D0391	interpretation of diagnostic image by a practitioner not associated with capture of the image, including report	$122.00	$122.00	$97.60
D0393	treatment simulation using 3D image volume	$212.00	$212.00	$169.60
D0394	digital subtraction of two or more images or image volumes of the same modality	$251.00	$251.00	$200.80
D0395	fusion of two or more 3D image volumes of one or more modalities	$350.00	$350.00	$280.00
D0415	collection of microorganisms for culture and sensitivity	$21.00	$21.00	$16.80
D0416	viral culture	$77.00	$77.00	$61.60
D0417	collection and preparation of saliva sample for laboratory diagnostic testing	$139.00	$139.00	$111.20
D0418	analysis of saliva sample	$212.00	$212.00	$169.60
D0425	caries susceptibility tests	$88.00	$88.00	$70.40
D0431	adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	$32.00	$32.00	$25.60
Tests and Examinations (Deductible does not apply)				
D0460	pulp vitality tests	$25.00	$25.00	$20.00
D0470	diagnostic casts	$52.00	$52.00	$41.60
Oral Pathology Laboratory (Deductible does not apply)				
D0472	accession of tissue, gross examination, preparation and transmission of written report	$54.00	$54.00	$43.20
D0473	accession of tissue, gross and microscopic examination, preparation and transmission of written report	$88.00	$88.00	$70.40
D0474	accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report	$99.00	$99.00	$79.20
D0475	decalcification procedure	$75.00	$75.00	$60.00
D0476	special stains for microorganisms	$166.00	$166.00	$132.80
D0477	special stains, not for microorganisms	$139.00	$139.00	$111.20
D0478	immunohistochemical stains	$50.00	$50.00	$40.00
D0479	tissue in-situ hybridization, including interpretation	$15.00	$15.00	$12.00
D0480	accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report	$106.00	$106.00	$84.80
D0481	electron microscopy	$33.00	$33.00	$26.40
D0482	direct immunofluorescence	$31.00	$31.00	$24.80
D0483	indirect immunofluorescence	$273.00	$273.00	$218.40
D0484	consultation on slides prepared elsewhere	$80.00	$80.00	$64.00
D0485	consultation, including preparation of slides from biopsy material supplied by referring source	$711.00	$711.00	$568.80
D0486	laboratory accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report	$77.00	$77.00	$61.60
D0502	other oral pathology procedures, by report	$94.00	$94.00	$75.20

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** The maximum Delta Dental will pay for each dental procedure – not applicable to specialists.

Procedure	Description	Maximum* Allowable Charge	Maximum** Reimbursement In Network	Maximum** Reimbursement Out of Network
D0601	caries risk assessment and documentation, with a finding of low risk	$5.00	$5.00	$4.00
D0602	caries risk assessment and documentation, with a finding of moderate risk	$5.00	$5.00	$4.00
D0603	caries risk assessment and documentation, with a finding of high risk	$5.00	$5.00	$4.00
D0999	unspecified diagnostic procedure, by report	$59.00	$59.00	$47.20
PREVENTIVE (Deductible does not apply)				
Dental Prophylaxis				
D1110	prophylaxis - adult	$54.00	$54.00	$43.20
D1120	prophylaxis - child	$33.00	$33.00	$26.40
Topical Fluoride Treatment (Office Procedure) (Deductible does not apply)				
D1206	topical application of fluoride varnish	$20.00	$20.00	$16.00
D1208	topical application of fluoride – excluding varnish	$20.00	$20.00	$16.00
D1310	nutritional counseling for control of dental disease	$41.00	$41.00	$32.80
D1320	tobacco counseling for the control and prevention of oral disease	$32.00	$32.00	$25.60
D1330	oral hygiene instructions	$32.00	$32.00	$25.60
Other Preventive Services (Deductible does not apply)				
D1351	sealant – per tooth	$26.00	$26.00	$20.80
D1352	preventive resin restoration in a moderate to high caries risk patient – permanent tooth	$32.00	$32.00	$25.60
D1353	sealant repair – per tooth	$26.00	$26.00	$20.80
Space Maintenance (Passive Appliances) (Deductible does not apply)				
D1510	space maintainer - fixed - unilateral	$164.00	$164.00	$131.20
D1515	space maintainer - fixed - bilateral	$274.00	$274.00	$219.20
D1520	space maintainer - removable - unilateral	$199.00	$199.00	$159.20
D1525	space maintainer - removable - bilateral	$274.00	$274.00	$219.20
D1550	re-cement or re-bond space maintainer	$43.00	$43.00	$34.40
D1555	removal of fixed space maintainer	$43.00	$43.00	$34.40
RESTORATIVE				
Amalgam Restorations (Including Polishing)				
D2140	amalgam - one surface, primary or permanent	$67.00	$53.60	$40.20
D2150	amalgam - two surfaces, primary or permanent	$86.00	$68.80	$51.60
D2160	amalgam - three surfaces, primary or permanent	$103.00	$82.40	$61.80
D2161	amalgam - four or more surfaces, primary or permanent	$128.00	$102.40	$76.80
Resin-Based Composite Restorations - Direct				
D2330	resin-based composite - one surface, anterior	$78.00	$62.40	$46.80
D2331	resin-based composite - two surfaces, anterior	$98.00	$78.40	$58.80
D2332	resin-based composite - three surfaces, anterior	$121.00	$96.80	$72.60
D2335	resin-based composite - four or more surfaces or involving incisal angle (anterior)	$143.00	$114.40	$85.80
D2390	resin-based composite crown, anterior	$180.00	$144.00	$108.00
D2391	resin-based composite - one surface, posterior	$90.00	$72.00	$54.00
D2392	resin-based composite - two surfaces, posterior	$117.00	$93.60	$70.20
D2393	resin-based composite - three surfaces, posterior	$150.00	$120.00	$90.00
D2394	resin-based composite - four or more surfaces, posterior	$179.00	$143.20	$107.40
D2410	gold foil - one surface	$193.00	$154.40	$115.80
D2420	gold foil - two surfaces	$316.00	$252.80	$189.60
D2430	gold foil - three surfaces	$390.00	$312.00	$234.00
Inlay/Onlay Restorations				
D2510	inlay - metallic - one surface	$415.00	$207.50	$166.00
D2520	inlay - metallic - two surfaces	$474.00	$237.00	$189.60

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Procedure	Description	Maximum* Allowable Charge	Maximum** Reimbursement In Network	Maximum** Reimbursement Out of Network
D2530	inlay - metallic - three or more surfaces	$518.00	$259.00	$207.20
D2542	onlay - metallic - two surfaces	$528.00	$264.00	$211.20
D2543	onlay - metallic - three surfaces	$608.00	$304.00	$243.20
D2544	onlay - metallic - four or more surfaces	$622.00	$311.00	$248.80
D2610	inlay - porcelain/ceramic - one surface	$457.00	$228.50	$182.80
D2620	inlay - porcelain/ceramic - two surfaces	$522.00	$261.00	$208.80
D2630	inlay - porcelain/ceramic - three or more surfaces	$570.00	$285.00	$228.00
D2642	onlay - porcelain/ceramic - two surfaces	$581.00	$290.50	$232.40
D2643	onlay - porcelain/ceramic - three surfaces	$669.00	$334.50	$267.60
D2644	onlay - porcelain/ceramic - four or more surfaces	$685.00	$342.50	$274.00
D2650	inlay - resin-based composite - one surface	$384.00	$192.00	$153.60
D2651	inlay - resin-based composite - two surfaces	$431.00	$215.50	$172.40
D2652	inlay - resin-based composite - three or more surfaces	$508.00	$254.00	$203.20
D2662	onlay - resin-based composite - two surfaces	$457.00	$228.50	$182.80
D2663	onlay - resin-based composite - three surfaces	$477.00	$238.50	$190.80
D2664	onlay - resin-based composite - four or more surfaces	$547.00	$273.50	$218.80
Crowns - Single Restorations Only				
D2710	crown - resin-based composite (indirect)	$332.00	$166.00	$132.80
D2712	crown – ¾ resin-based composite (indirect)	$332.00	$166.00	$132.80
D2720	crown - resin with high noble metal	$586.00	$293.00	$234.40
D2721	crown - resin with predominantly base metal	$530.00	$265.00	$212.00
D2722	crown - resin with noble metal	$533.00	$266.50	$213.20
D2740	crown - porcelain/ceramic substrate	$747.00	$373.50	$298.80
D2750	crown - porcelain fused to high noble metal	$727.00	$363.50	$290.80
D2751	crown - porcelain fused to predominantly base metal	$588.00	$294.00	$235.20
D2752	crown - porcelain fused to noble metal	$629.00	$314.50	$251.60
D2780	crown - 3/4 cast high noble metal	$614.00	$307.00	$245.60
D2781	crown - 3/4 cast predominantly base metal	$595.00	$297.50	$238.00
D2782	crown - 3/4 cast noble metal	$603.00	$301.50	$241.20
D2783	crown – ¾ porcelain/ceramic	$620.00	$310.00	$248.00
D2790	crown - full cast high noble metal	$646.00	$323.00	$258.40
D2791	crown - full cast predominantly base metal	$557.00	$278.50	$222.80
D2792	crown - full cast noble metal	$603.00	$301.50	$241.20
D2794	crown - titanium	$664.00	$332.00	$265.60
D2799	provisional crown– further treatment or completion of diagnosis necessary prior to final impression	$159.00	$79.50	$63.60
Other Restorative Services				
D2910	re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	$52.00	$26.00	$20.80
D2915	re-cement or re-bond indirectly fabricated or prefabricated post and core	$52.00	$26.00	$20.80
D2920	re-cement or re-bond crown	$52.00	$26.00	$20.80
D2921	reattachment of tooth fragment, incisal edge or cusp	$107.00	$53.50	$42.80
D2929	prefabricated porcelain/ceramic crown – primary tooth	$194.00	$97.00	$77.60
D2930	prefabricated stainless steel crown - primary tooth	$139.00	$69.50	$55.60
D2931	prefabricated stainless steel crown - permanent tooth	$158.00	$79.00	$63.20
D2932	prefabricated resin crown	$173.00	$86.50	$69.20
D2933	prefabricated stainless steel crown with resin window	$194.00	$97.00	$77.60
D2934	prefabricated esthetic coated stainless steel crown - primary tooth	$194.00	$97.00	$77.60
D2940	protective restoration	$54.00	$27.00	$21.60
D2941	interim therapeutic restoration – primary dentition	$54.00	$27.00	$21.60
D2949	restorative foundation for an indirect restoration	$169.00	$84.50	$67.60
D2950	core buildup, including any pins when required	$129.00	$64.50	$51.60
D2951	pin retention - per tooth, in addition to restoration	$31.00	$15.50	$12.40
D2952	post and core in addition to crown, indirectly fabricated	$194.00	$97.00	$77.60

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Procedure	Description	Maximum* Allowable Charge	Maximum** Reimbursement In Network	Maximum** Reimbursement Out of Network
D2953	each additional indirectly fabricated post - same tooth	$117.00	$58.50	$46.80
D2954	prefabricated post and core in addition to crown	$162.00	$81.00	$64.80
D2955	post removal	$165.00	$82.50	$66.00
D2957	each additional prefabricated post - same tooth	$130.00	$65.00	$52.00
D2960	labial veneer (resin laminate) - chairside	$297.00	$148.50	$118.80
D2961	labial veneer (resin laminate) - laboratory	$456.00	$228.00	$182.40
D2962	labial veneer (porcelain laminate) - laboratory	$537.00	$268.50	$214.80
D2971	additional procedures to construct new crown under existing partial denture framework	$100.00	$50.00	$40.00
D2975	coping	$568.00	$284.00	$227.20
D2980	crown repair necessitated by restorative material failure	$129.00	$64.50	$51.60
D2981	inlay repair necessitated by restorative material failure	$143.00	$71.50	$57.20
D2982	onlay repair necessitated by restorative material failure	$400.00	$200.00	$160.00
D2983	veneer repair necessitated by restorative material failure	$196.00	$98.00	$78.40
D2990	resin infiltration of incipient smooth surface lesions	$85.00	$42.50	$34.00
D2999	unspecified restorative procedure, by report	$104.00	$52.00	$41.60
ENDODONTICS				
Pulpotomy				
D3110	pulp cap - direct (excluding final restoration)	$39.00	$31.20	$23.40
D3120	pulp cap - indirect (excluding final restoration)	$44.00	$35.20	$26.40
D3220	therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	$106.00	$84.80	$63.60
D3221	pulpal debridement, primary and permanent teeth	$123.00	$98.40	$73.80
D3222	partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	$103.00	$82.40	$61.80
Endodontic Therapy of Primary Teeth				
D3230	pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	$141.00	$112.80	$84.60
D3240	pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	$154.00	$123.20	$92.40
Endodontic Therapy (Including Treatment Plan, Clinical Procedures and Follow-Up Care)				
D3310	endodontic therapy, anterior tooth (excluding final restoration)	$418.00	$334.40	$250.80
D3320	endodontic therapy, bicuspid tooth (excluding final restoration)	$500.00	$400.00	$300.00
D3330	endodontic therapy, molar tooth (excluding final restoration)	$660.00	$528.00	$396.00
D3331	treatment of root canal obstruction; non-surgical access	$82.00	$65.60	$49.20
D3332	incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	$280.00	$224.00	$168.00
D3333	internal root repair of perforation defects	$121.00	$96.80	$72.60
Endodontic Retreatment				
D3346	retreatment of previous root canal therapy - anterior	$523.00	$418.40	$313.80
D3347	retreatment of previous root canal therapy - bicuspid	$578.00	$462.40	$346.80
D3348	retreatment of previous root canal therapy - molar	$710.00	$568.00	$426.00
Apexification/Recalcification Procedures				
D3351	apexification/recalcification – initial visit (apical closure / calcific repair of perforations, root resorption, etc.)	$200.00	$160.00	$120.00
D3352	apexification/recalcification – interim medication replacement (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.)	$116.00	$92.80	$69.60
D3353	apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	$306.00	$244.80	$183.60
D3355	pulpal regeneration - initial visit	$234.00	$187.20	$140.40
D3356	pulpal regeneration - interim medication replacement	$270.00	$216.00	$162.00

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D3357	pulpal regeneration - completion of treatment	$398.00	$318.40	$238.80
Apicoectomy/Periradicular Services				
D3410	apicoectomy – anterior	$438.00	$350.40	$262.80
D3421	apicoectomy – bicuspid (first root)	$457.00	$365.60	$274.20
D3425	apicoectomy – molar (first root)	$557.00	$445.60	$334.20
D3426	apicoectomy (each additional root)	$202.00	$161.60	$121.20
D3427	periradicular surgery without apicoectomy	$129.00	$103.20	$77.40
D3428	bone graft in conjunction with periradicular surgery – per tooth, single site	$243.00	$194.40	$145.80
D3429	bone graft in conjunction with periradicular surgery – each additional contiguous tooth in the same surgical site	$343.00	$274.40	$205.80
D3430	retrograde filling - per root	$129.00	$103.20	$77.40
D3431	biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery	$1,050.00	$840.00	$630.00
D3432	guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery	$375.00	$300.00	$225.00
D3450	root amputation - per root	$290.00	$232.00	$174.00
D3460	endodontic endosseous implant	$1,126.00	$900.80	$675.60
D3470	intentional reimplantation (including necessary splinting)	$163.00	$130.40	$97.80
Other Endodontic Procedures				
D3910	surgical procedure for isolation of tooth with rubber dam	$111.00	$88.80	$66.60
D3920	hemisection (including any root removal), not including root canal therapy	$221.00	$176.80	$132.60
D3950	canal preparation and fitting of preformed dowel or post	$149.00	$119.20	$89.40
D3999	unspecified endodontic procedure, by report	$203.00	$162.40	$121.80
PERIODONTICS				
Surgical Services (Including Usual Postoperative Care)				
D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	$350.00	$280.00	$210.00
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	$211.00	$168.80	$126.60
D4212	gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	$211.00	$168.80	$126.60
D4230	anatomical crown exposure - four or more contiguous teeth per quadrant	$564.00	$451.20	$338.40
D4231	anatomical crown exposure - one to three teeth per quadrant	$476.00	$380.80	$285.60
D4240	gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	$429.00	$343.20	$257.40
D4241	gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	$294.00	$235.20	$176.40
D4245	apically positioned flap	$317.00	$253.60	$190.20
D4249	clinical crown lengthening – hard tissue	$437.00	$349.60	$262.20
D4260	osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	$626.00	$500.80	$375.60
D4261	osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	$437.00	$349.60	$262.20
D4263	bone replacement graft - first site in quadrant	$251.00	$200.80	$150.60
D4264	bone replacement graft - each additional site in quadrant	$250.00	$200.00	$150.00
D4265	biologic materials to aid in soft and osseous tissue regeneration	$408.00	$326.40	$244.80
D4266	guided tissue regeneration - resorbable barrier, per site	$410.00	$328.00	$246.00
D4267	guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal)	$513.00	$410.40	$307.80
D4268	surgical revision procedure, per tooth	$332.00	$265.60	$199.20

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D4270	pedicle soft tissue graft procedure	$475.00	$380.00	$285.00
D4273	autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	$615.00	$492.00	$369.00
D4274	distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	$326.00	$260.80	$195.60
D4275	non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	$292.00	$233.60	$175.20
D4276	combined connective tissue and double pedicle graft, per tooth	$554.00	$443.20	$332.40
D4277	free soft tissue graft procedure (including recipient and donor surgical sites first tooth, implant, or edentulous tooth position in graft	$503.00	$402.40	$301.80
D4278	free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant, or edentulous tooth position in same graft site	$377.00	$301.60	$226.20
D4283	autogenous connective tissue graft procedure (including donor and recipient surgical sites) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	$369.00	$295.20	$221.40
D4285	non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	$175.00	$140.00	$105.00
Non-Surgical Periodontal Service				
D4320	provisional splinting - intracoronal	$146.00	$116.80	$87.60
D4321	provisional splinting - extracoronal	$222.00	$177.60	$133.20
D4341	periodontal scaling and root planing - four or more teeth per quadrant	$130.00	$104.00	$78.00
D4342	periodontal scaling and root planing - one to three teeth per quadrant	$93.00	$74.40	$55.80
D4355	full mouth debridement to enable comprehensive evaluation and diagnosis	$54.00	$43.20	$32.40
D4381	localized delivery of antimicrobial agents via controlled release vehicle into diseased crevicular tissue, per tooth	$24.00	$19.20	$14.40
Other Periodontal Service				
D4910	periodontal maintenance	$70.00	$56.00	$42.00
D4920	unscheduled dressing change (by someone other than treating dentist or their staff)	$49.00	$39.20	$29.40
D4921	gingival irrigation – per quadrant	$22.00	$17.60	$13.20
D4999	unspecified periodontal procedure, by report	$55.00	$44.00	$33.00
PROSTHODONTICS (Removable)				
Complete Dentures (Including Routine Post-Delivery Care) (includes routine post-delivery care for the first six months after placement)				
D5110	complete denture - maxillary	$862.00	$431.00	$344.80
D5120	complete denture - mandibular	$862.00	$431.00	$344.80
D5130	Immediate denture, maxillary	$949.00	$474.50	$379.60
D5140	Immediate dePartial Dentures (Including Routine Post-Delivery Care) (includes routine post-delivery care for the first six months after placement)nture, mandibular	$949.00	$474.50	$379.60
Partial Dentures (Including Routine Post-Delivery Care) (includes routine post-delivery care for the first six months after placement)				
D5211	maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	$634.00	$317.00	$253.60

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Procedure	Description	Maximum* Allowable Charge	Maximum** Reimbursement In Network	Maximum** Reimbursement Out of Network
D5212	mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	$634.00	$317.00	$253.60
D5213	maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	$948.00	$474.00	$379.20
D5214	mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	$948.00	$474.00	$379.20
D5221	immediate maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	$761.00	$380.50	$304.40
D5222	immediate mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	$761.00	$380.50	$304.40
D5223	immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	$1,138.00	$569.00	$455.20
D5224	immediate mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	$1,138.00	$569.00	$455.20
D5225	maxillary partial denture - flexible base (including any clasps, rests and teeth)	$711.00	$355.50	$284.40
D5226	mandibular partial denture - flexible base (including any clasps, rests and teeth)	$711.00	$355.50	$284.40
D5281	removable unilateral partial denture - one piece cast metal (including clasps and teeth)	$522.00	$261.00	$208.80
Adjustments to Dentures				
D5410	adjust complete denture - maxillary	$43.00	$21.50	$17.20
D5411	adjust complete denture - mandibular	$43.00	$21.50	$17.20
D5421	adjust partial denture - maxillary	$43.00	$21.50	$17.20
D5422	adjust partial denture - mandibular	$43.00	$21.50	$17.20
Repairs to Complete Dentures				
D5510	repair broken complete denture base	$105.00	$52.50	$42.00
D5520	replace missing or broken teeth - complete denture (each tooth)	$85.00	$42.50	$34.00
Repairs to Partial Dentures				
D5610	repair resin denture base	$87.00	$43.50	$34.80
D5620	repair cast framework	$132.00	$66.00	$52.80
D5630	repair or replace broken clasp – per tooth	$127.00	$63.50	$50.80
D5640	replace broken teeth - per tooth	$85.00	$42.50	$34.00
D5650	add tooth to existing partial denture	$98.00	$49.00	$39.20
D5660	add clasp to existing partial denture – per tooth	$127.00	$63.50	$50.80
D5670	replace all teeth and acrylic on cast metal framework (maxillary)	$401.00	$200.50	$160.40
D5671	replace all teeth and acrylic on cast metal framework (mandibular)	$401.00	$200.50	$160.40
Denture Rebase Procedures				
D5710	rebase complete maxillary denture	$263.00	$131.50	$105.20
D5711	rebase complete mandibular denture	$263.00	$131.50	$105.20
D5720	rebase maxillary partial denture	$254.00	$127.00	$101.60
D5721	rebase mandibular partial denture	$254.00	$127.00	$101.60
Denture Reline Procedures				
D5730	reline complete maxillary denture (chairside)	$167.00	$83.50	$66.80
D5731	reline complete mandibular denture (chairside)	$167.00	$83.50	$66.80
D5740	reline maxillary partial denture (chairside)	$157.00	$78.50	$62.80
D5741	reline mandibular partial denture (chairside)	$157.00	$78.50	$62.80
D5750	reline complete maxillary denture (laboratory)	$217.00	$108.50	$86.80
D5751	reline complete mandibular denture (laboratory)	$217.00	$108.50	$86.80

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D5760	reline maxillary partial denture (laboratory)	$208.00	$104.00	$83.20
D5761	reline mandibular partial denture (laboratory)	$208.00	$104.00	$83.20
Interim Prosthesis				
D5810	interim complete denture (maxillary)	$350.00	$175.00	$140.00
D5811	interim complete denture (mandibular)	$350.00	$175.00	$140.00
D5820	interim partial denture (maxillary)	$329.00	$164.50	$131.60
D5821	interim partial denture (mandibular)	$329.00	$164.50	$131.60
Other Removable Prosthetic Services				
D5850	tissue conditioning, maxillary	$81.00	$40.50	$32.40
D5851	tissue conditioning, mandibular	$81.00	$40.50	$32.40
D5862	precision attachment, by report	$380.00	$190.00	$152.00
D5863	overdenture – complete maxillary	$862.00	$431.00	$344.80
D5864	overdenture – partial maxillary	$948.00	$474.00	$379.20
D5865	overdenture – complete mandibular	$862.00	$431.00	$344.80
D5866	overdenture – partial mandibular	$948.00	$474.00	$379.20
D5867	replacement of replaceable part of semi-precision or precision attachment (male or female component)	$105.00	$52.50	$42.00
D5875	modification of removable prosthesis following implant surgery	$162.00	$81.00	$64.80
D5899	unspecified removable prosthodontic procedure, by report	$476.00	$238.00	$190.40
D5911	facial moulage (sectional)	$150.00	$75.00	$60.00
D5912	facial moulage (complete)	$67.00	$33.50	$26.80
D5913	nasal prosthesis	$5,729.00	$2,864.50	$2,291.60
D5914	auricular prosthesis	$9,981.00	$4,990.50	$3,992.40
D5915	orbital prosthesis	$7,670.00	$3,835.00	$3,068.00
D5916	ocular prosthesis	$1,424.00	$712.00	$569.60
D5919	facial prosthesis	$800.00	$400.00	$320.00
D5922	nasal septal prosthesis	$135.00	$67.50	$54.00
D5923	ocular prosthesis, interim	$2,558.00	$1,279.00	$1,023.20
D5924	cranial prosthesis	$242.00	$121.00	$96.80
D5925	facial augmentation implant prosthesis	$850.00	$425.00	$340.00
D5926	nasal prosthesis, replacement	$545.00	$272.50	$218.00
D5927	auricular prosthesis, replacement	$150.00	$75.00	$60.00
D5928	orbital prosthesis, replacement	$450.00	$225.00	$180.00
D5929	facial prosthesis, replacement	$428.00	$214.00	$171.20
D5931	obturator prosthesis, surgical	$1,056.00	$528.00	$422.40
D5932	obturator prosthesis, definitive	$3,771.00	$1,885.50	$1,508.40
D5933	obturator prosthesis, modification	$338.00	$169.00	$135.20
D5934	mandibular resection prosthesis with guide flange	$750.00	$375.00	$300.00
D5935	mandibular resection prosthesis without guide flange	$6,362.00	$3,181.00	$2,544.80
D5936	obturator prosthesis, interim	$610.00	$305.00	$244.00
D5937	trismus appliance (not for TMD treatment)	$750.00	$375.00	$300.00
D5951	feeding aid	$195.00	$97.50	$78.00
D5952	speech aid prosthesis, pediatric	$500.00	$250.00	$200.00
D5953	speech aid prosthesis, adult	$1,200.00	$600.00	$480.00
D5954	palatal augmentation prosthesis	$250.00	$125.00	$100.00
D5955	palatal lift prosthesis, definitive	$7,694.00	$3,847.00	$3,077.60
D5958	palatal lift prosthesis, interim	$747.00	$373.50	$298.80
D5959	palatal lift prosthesis, modification	$384.00	$192.00	$153.60
D5960	speech aid prosthesis, modification	$223.00	$111.50	$89.20
D5982	surgical stent	$276.00	$138.00	$110.40
D5983	radiation carrier	$487.00	$243.50	$194.80
D5984	radiation shield	$429.00	$214.50	$171.60
D5985	radiation cone locator	$673.00	$336.50	$269.20
D5986	fluoride gel carrier	$118.00	$59.00	$47.20
D5987	commissure splint	$301.00	$150.50	$120.40

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D5988	surgical splint	$250.00	$125.00	$100.00
D5991	vesiculobullous disease medicament carrier	$495.00	$247.50	$198.00
D5992	adjust maxillofacial prosthetic appliance, by report	$82.00	$41.00	$32.80
D5993	maintenance and cleaning of a maxillofacial prosthesis (extra- or intra-oral) other than required adjustments, by report	$73.00	$36.50	$29.20
D5994	periodontal medicament carrier with peripheral seal – laboratory processed	$1,250.00	$625.00	$500.00
D5999	unspecified maxillofacial prosthesis, by report	$476.00	$238.00	$190.40
PROSTHODONTICS, FIXED				
Fixed Partial Denture Pontics				
D6205	pontic - indirect resin based composite	$674.00	$337.00	$269.60
D6210	pontic - cast high noble metal	$571.00	$285.50	$228.40
D6211	pontic - cast predominantly base metal	$490.00	$245.00	$196.00
D6212	pontic - cast noble metal	$560.00	$280.00	$224.00
D6214	pontic - titanium	$664.00	$332.00	$265.60
D6240	pontic - porcelain fused to high noble metal	$593.00	$296.50	$237.20
D6241	pontic - porcelain fused to predominantly base metal	$518.00	$259.00	$207.20
D6242	pontic - porcelain fused to noble metal	$534.00	$267.00	$213.60
D6245	pontic - porcelain/ceramic	$800.00	$400.00	$320.00
D6250	pontic - resin with high noble metal	$555.00	$277.50	$222.00
D6251	pontic - resin with predominantly base metal	$470.00	$235.00	$188.00
D6252	pontic - resin with noble metal	$518.00	$259.00	$207.20
D6253	provisional pontic– further treatment or completion of diagnosis necessary prior to final impression	$233.00	$116.50	$93.20
Fixed Partial Denture Retainers - Inlays/Onlays				
D6545	retainer - cast metal for resin bonded fixed prosthesis	$434.00	$217.00	$173.60
D6548	retainer - porcelain/ceramic for resin bonded fixed prosthesis	$478.00	$239.00	$191.20
D6549	resin retainer –for resin bonded fixed prosthesis	$434.00	$217.00	$173.60
D6600	retainer inlay - porcelain/ceramic, two surfaces	$608.00	$304.00	$243.20
D6601	retainer inlay - porcelain/ ceramic - three or more surfaces	$637.00	$318.50	$254.80
D6602	retainer inlay - cast high noble metal, two surfaces	$552.00	$276.00	$220.80
D6603	retainer inlay - cast high noble metal, three or more surfaces	$579.00	$289.50	$231.60
D6604	retainer inlay - cast predominantly base metal, two surfaces	$518.00	$259.00	$207.20
D6605	retainer inlay – cast predominantly base metal, three or more surfaces	$523.00	$261.50	$209.20
D6606	retainer inlay – cast noble metal, two surfaces	$537.00	$268.50	$214.80
D6607	retainer inlay – cast noble metal – three or more surfaces	$551.00	$275.50	$220.40
D6608	retainer onlay - porcelain/ ceramic, two surfaces	$707.00	$353.50	$282.80
D6609	retainer onlay porcelain/ ceramic, three or more surfaces	$753.00	$376.50	$301.20
D6610	retainer onlay - cast high noble metal, two surfaces	$642.00	$321.00	$256.80
D6611	retainer onlay - cast high noble metal, three or more surfaces	$684.00	$342.00	$273.60
D6612	retainer onlay - cast predominantly base metal, two surfaces	$555.00	$277.50	$222.00
D6613	retainer onlay - cast predominantly base metal, three or more surfaces	$591.00	$295.50	$236.40
D6614	retainer onlay - cast noble metal, two surfaces	$583.00	$291.50	$233.20
D6615	retainer onlay - cast noble metal, three or more surfaces	$622.00	$311.00	$248.80
D6624	retainer Inlay – titanium	$579.00	$289.50	$231.60
D6634	retainer Onlay - titanium	$684.00	$342.00	$273.60
Fixed Partial Denture Retainers - Crowns				
D6710	retainer crown - indirect resin based composite	$674.00	$337.00	$269.60
D6720	retainer crown - resin with high noble metal	$586.00	$293.00	$234.40
D6721	retainer crown - resin with predominantly base metal	$530.00	$265.00	$212.00
D6722	retainer crown - resin with noble metal	$533.00	$266.50	$213.20
D6740	retainer crown - porcelain/ceramic	$800.00	$400.00	$320.00
D6750	retainer crown - porcelain fused to high noble metal	$727.00	$363.50	$290.80

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Procedure	Description	Maximum* Allowable Charge	Maximum** Reimbursement In Network	Maximum** Reimbursement Out of Network
D6751	retainer crown - porcelain fused to predominantly base metal	$588.00	$294.00	$235.20
D6752	retainer crown - porcelain fused to noble metal	$629.00	$314.50	$251.60
D6780	retainer crown - 3/4 cast high noble metal	$614.00	$307.00	$245.60
D6781	retainer crown - 3/4 cast predominantly base metal	$595.00	$297.50	$238.00
D6782	retainer crown - 3/4 cast noble metal	$603.00	$301.50	$241.20
D6783	retianer crown - 3/4 porcelain/ceramic	$800.00	$400.00	$320.00
D6790	retainer crown - full cast high noble metal	$646.00	$323.00	$258.40
D6791	retainer crown - full cast predominantly base metal	$557.00	$278.50	$222.80
D6792	retainer crown - full cast noble metal	$603.00	$301.50	$241.20
D6793	provisional retainer crown– further treatment or completion of diagnosis necessary prior to final impression	$233.00	$116.50	$93.20
D6794	retainer crown - titanium	$664.00	$332.00	$265.60
Other Fixed Partial Denture Services				
D6920	connector bar	$221.00	$110.50	$88.40
D6930	re-cement or re-bond fixed partial denture	$78.00	$39.00	$31.20
D6940	stress breaker	$199.00	$99.50	$79.60
D6950	precision attachment	$384.00	$192.00	$153.60
D6980	fixed partial denture repair necessitated by restorative material failure	$299.00	$149.50	$119.60
D6985	pediatric partial denture, fixed	$260.00	$130.00	$104.00
D6999	unspecified fixed prosthodontic procedure, by report	$321.00	$160.50	$128.40
ORAL AND MAXILLOFACIAL SURGERY				
Extractions (Includes Local Anesthesia, Suturing, If Needed, and Routine Postoperative Care)				
D7111	extraction, coronal remnants - deciduous tooth	$58.00	$46.40	$34.80
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	$77.00	$61.60	$46.20
Surgical Extractions (Includes Local Anesthesia, Suturing, If Needed, and Routine Postoperative Care)				
D7210	surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	$131.00	$104.80	$78.60
D7220	removal of impacted tooth - soft tissue	$163.00	$130.40	$97.80
D7230	removal of impacted tooth - partially bony	$211.00	$168.80	$126.60
D7240	removal of impacted tooth - completely bony	$245.00	$196.00	$147.00
D7241	removal of impacted tooth - completely bony, with unusual surgical complications	$270.00	$216.00	$162.00
D7250	surgical removal of residual tooth roots (cutting procedure)	$141.00	$112.80	$84.60
D7251	coronectomy – intentional partial tooth removal	$368.00	$294.40	$220.80
Other Surgical Procedures				
D7260	oroantral fistula closure	$924.00	$739.20	$554.40
D7261	primary closure of a sinus perforation	$924.00	$739.20	$554.40
D7270	tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	$247.00	$197.60	$148.20
D7272	tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)	$250.00	$200.00	$150.00
D7280	surgical access of an unerupted tooth	$302.00	$241.60	$181.20
D7282	mobilization of erupted or malpositioned tooth to aid eruption	$105.00	$84.00	$63.00
D7283	placement of device to facilitate eruption of impacted tooth	$105.00	$84.00	$63.00
D7285	incisional biopsy of oral tissue-hard (bone, tooth)	$265.00	$212.00	$159.00
D7286	incisional biopsy of oral tissue-soft	$164.00	$131.20	$98.40
D7287	exfoliative cytological sample collection	$172.00	$137.60	$103.20
D7288	brush biopsy - transepithelial sample collection	$99.00	$79.20	$59.40
D7290	surgical repositioning of teeth	$131.00	$104.80	$78.60
D7291	transseptal fiberotomy/supra crestal fiberotomy, by report	$75.00	$60.00	$45.00

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Procedure	Description	Maximum* Allowable Charge	Maximum** Reimbursement In Network	Maximum** Reimbursement Out of Network
D7292	surgical placement of temporary anchorage device [screw retained plate] requiring flap; includes device removal	$970.00	$776.00	$582.00
D7293	surgical placement of temporary anchorage device requiring flap; includes device removal	$541.00	$432.80	$324.60
D7294	surgical placement of temporary anchorage device without flap; includes device removal	$833.00	$666.40	$499.80
D7295	harvest of bone for use in autogenous grafting procedure	$347.00	$277.60	$208.20
Alveoloplasty - Surgical Preparation of Ridge for Dentures				
D7310	alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	$141.00	$112.80	$84.60
D7311	alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	$85.00	$68.00	$51.00
D7320	alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	$235.00	$188.00	$141.00
D7321	alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	$142.00	$113.60	$85.20
Vestibuloplasty				
D7340	vestibuloplasty - ridge extension (secondary epithelialization)	$433.00	$346.40	$259.80
D7350	vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	$540.00	$432.00	$324.00
Surgical Excision of Soft Tissue Lesions				
D7410	excision of benign lesion up to 1.25 cm	$253.00	$202.40	$151.80
D7411	excision of benign lesion greater than 1.25 cm	$385.00	$308.00	$231.00
D7412	excision of benign lesion, complicated	$423.00	$338.40	$253.80
D7413	excision of malignant lesion up to 1.25 cm	$457.00	$365.60	$274.20
D7414	excision of malignant lesion greater than 1.25 cm	$500.00	$400.00	$300.00
D7415	excision of malignant lesion, complicated	$721.00	$576.80	$432.60
D7440	excision of malignant tumor - lesion diameter up to 1.25 cm	$357.00	$285.60	$214.20
D7441	excision of malignant tumor - lesion diameter greater than 1.25 cm	$498.00	$398.40	$298.80
Surgical Excision of Intra-Osseous Lesions				
D7450	removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	$328.00	$262.40	$196.80
D7451	removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	$399.00	$319.20	$239.40
D7460	removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	$303.00	$242.40	$181.80
D7461	removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	$399.00	$319.20	$239.40
D7465	destruction of lesion(s) by physical or chemical method, by report	$193.00	$154.40	$115.80
Excision of Bone Tissue				
D7471	removal of lateral exostosis (maxilla or mandible)	$496.00	$396.80	$297.60
D7472	removal of torus palatinus	$496.00	$396.80	$297.60
D7473	removal of torus mandibularis	$496.00	$396.80	$297.60
D7485	surgical reduction of osseous tuberosity	$496.00	$396.80	$297.60
D7490	radical resection of maxilla or mandible	$853.00	$682.40	$511.80
Surgical Incision				
D7510	incision and drainage of abscess - intraoral soft tissue	$129.00	$103.20	$77.40
D7511	incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	$149.00	$119.20	$89.40
D7520	incision and drainage of abscess - extraoral soft tissue	$181.00	$144.80	$108.60
D7521	incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	$409.00	$327.20	$245.40

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Procedure	Description	Maximum* Allowable Charge	Maximum** Reimbursement In Network	Maximum** Reimbursement Out of Network
D7530	removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	$153.00	$122.40	$91.80
D7540	removal of reaction producing foreign bodies, musculoskeletal system	$279.00	$223.20	$167.40
D7550	partial ostectomy/sequestrectomy for removal of non-vital bone	$261.00	$208.80	$156.60
D7560	maxillary sinusotomy for removal of tooth fragment or foreign body	$520.00	$416.00	$312.00
D7610	maxilla - open reduction (teeth immobilized, if present)	$3,833.00	$3,066.40	$2,299.80
D7620	maxilla - closed reduction (teeth immobilized, if present)	$3,833.00	$3,066.40	$2,299.80
D7630	mandible - open reduction (teeth immobilized, if present)	$4,811.00	$3,848.80	$2,886.60
D7640	mandible - closed reduction (teeth immobilized, if present)	$2,932.00	$2,345.60	$1,759.20
D7650	malar and/or zygomatic arch - open reduction	$1,125.00	$900.00	$675.00
D7660	malar and/or zygomatic arch - closed reduction	$239.00	$191.20	$143.40
D7670	alveolus - closed reduction, may include stabilization of teeth	$1,007.00	$805.60	$604.20
D7671	alveolus - open reduction, may include stabilization of teeth	$2,903.00	$2,322.40	$1,741.80
D7680	facial bones - complicated reduction with fixation and multiple surgical approaches	$897.00	$717.60	$538.20
D7710	maxilla - open reduction	$297.00	$237.60	$178.20
D7720	maxilla - closed reduction	$619.00	$495.20	$371.40
D7730	mandible - open reduction	$4,042.00	$3,233.60	$2,425.20
D7740	mandible - closed reduction	$1,979.00	$1,583.20	$1,187.40
D7750	malar and/or zygomatic arch - open reduction	$1,214.00	$971.20	$728.40
D7760	malar and/or zygomatic arch - closed reduction	$228.00	$182.40	$136.80
D7770	alveolus - open reduction stabilization of teeth	$170.00	$136.00	$102.00
D7771	alveolus, closed reduction stabilization of teeth	$1,073.00	$858.40	$643.80
D7780	facial bones - complicated reduction with fixation and multiple surgical approaches	$2,621.00	$2,096.80	$1,572.60
Other Repair Procedures				
D7910	suture of recent small wounds up to 5 cm	$143.00	$114.40	$85.80
D7911	complicated suture - up to 5 cm	$202.00	$161.60	$121.20
D7912	complicated suture - greater than 5 cm	$303.00	$242.40	$181.80
D7920	skin graft (identify defect covered, location and type of graft)	$371.00	$296.80	$222.60
D7921	collection and application of autologous blood concentrate product	$424.00	$339.20	$254.40
D7940	osteoplasty - for orthognathic deformities	$300.00	$240.00	$180.00
D7941	osteotomy - mandibular rami	$5,087.00	$4,069.60	$3,052.20
D7943	osteotomy - mandibular rami with bone graft; includes obtaining the graft	$619.00	$495.20	$371.40
D7944	osteotomy - segmented or subapical	$1,739.00	$1,391.20	$1,043.40
D7945	osteotomy - body of mandible	$1,344.00	$1,075.20	$806.40
D7946	LeFort I (maxilla - total)	$7,093.00	$5,674.40	$4,255.80
D7947	LeFort I (maxilla - segmented)	$5,863.00	$4,690.40	$3,517.80
D7948	LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion)-without bone graft	$2,200.00	$1,760.00	$1,320.00
D7949	LeFort II or LeFort III - with bone graft	$595.00	$476.00	$357.00
D7950	osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogenous, by report	$1,028.00	$822.40	$616.80
D7951	sinus augmentation with bone or bone substitutes via a lateral open approach	$636.00	$508.80	$381.60
D7952	sinus augmentation via a vertical approach	$636.00	$508.80	$381.60
D7953	bone replacement graft for ridge preservation - per site	$212.00	$169.60	$127.20
D7955	repair of maxillofacial soft and/or hard tissue defect	$996.00	$796.80	$597.60
D7960	frenulectomy – also known as frenectomy or frenotomy – separate procedure not incidental to another procedure	$297.00	$237.60	$178.20
D7963	frenuloplasty	$384.00	$307.20	$230.40
D7970	excision of hyperplastic tissue - per arch	$297.00	$237.60	$178.20

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Procedure	Description	Maximum* Allowable Charge	Maximum** Reimbursement In Network	Maximum** Reimbursement Out of Network
D7971	excision of pericoronal gingiva	$126.00	$100.80	$75.60
D7972	surgical reduction of fibrous tuberosity	$222.00	$177.60	$133.20
D7980	sialolithotomy	$688.00	$550.40	$412.80
D7981	excision of salivary gland, by report	$383.00	$306.40	$229.80
D7982	sialodochoplasty	$700.00	$560.00	$420.00
D7983	closure of salivary fistula	$312.00	$249.60	$187.20
D7990	emergency tracheotomy	$130.00	$104.00	$78.00
D7991	coronoidectomy	$1,107.00	$885.60	$664.20
D7995	synthetic graft - mandible or facial bones, by report	$1,125.00	$900.00	$675.00
D7996	implant-mandible for augmentation purposes (excluding alveolar ridge), by report	$1,495.00	$1,196.00	$897.00
D7997	appliance removal (not by dentist who placed appliance), includes removal of archbar	$270.00	$216.00	$162.00
D7998	intraoral placement of a fixation device not in conjunction with a fracture	$105.00	$84.00	$63.00
D7999	unspecified oral surgery procedure, by report	$136.00	$108.80	$81.60
ADJUNCTIVE GENERAL SERVICES				
Unclassified Treatment				
D9110	palliative (emergency) treatment of dental pain - minor procedure	$57.00	$45.60	$34.20
D9120	fixed partial denture sectioning	$98.00	$78.40	$58.80
Anesthesia				
D9210	local anesthesia not in conjunction with operative or surgical procedures	$12.00	$9.60	$7.20
D9211	regional block anesthesia	$16.00	$12.80	$9.60
D9212	trigeminal division block anesthesia	$32.00	$25.60	$19.20
D9215	local anesthesia in conjunction with operative or surgical procedures	$25.00	$20.00	$15.00
D9219	evaluation for deep sedation or general anesthesia	$36.00	$28.80	$21.60
D9223	deep sedation/general anesthesia – each 15 minute increment	$98.00	$78.40	$58.80
D9243	intravenous moderate (conscious) sedation/analgesia – each 15 minute increment	$87.00	$69.60	$52.20
D9248	Non-intravenous conscious sedation	$188.00	$150.40	$112.80
Professional Consultation				
D9310	consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	$64.00	$51.20	$38.40
D9430	office visit for observation (during regularly scheduled hours) - no other services performed	$34.00	$27.20	$20.40
D9440	office visit - after regularly scheduled hours	$76.00	$60.80	$45.60
D9630	other drugs and/or medicaments, by report	$18.00	$14.40	$10.80
D9910	application of desensitizing medicament	$23.00	$18.40	$13.80
D9911	application of desensitizing resin for cervical and/or root surface, per tooth	$24.00	$19.20	$14.40
D9930	treatment of complications (post-surgical) - unusual circumstances, by report	$67.00	$53.60	$40.20
D9999	unspecified adjunctive procedure, by report	$85.00	$68.00	$51.00

Note 1:
The CDT codes and nomenclature are copyright of the American Dental Association. Notes that appear in italic type are important clarifications of differences between Delta's processing policies and CDT coding. B/R indicates a by-report procedure.

Note 2:
The information listed in this schedule is based on the current fees as of 4/21/2015 and is subject to change. The maximum allowable fees listed apply to dental services obtained in the areas listed above. Fees outside of this area can be different. All services listed are subject to deductibles, maximums, benefit limitations and exclusions.

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DELTA DENTAL®

D&P Maximum Waiver® Option

Wave “hello” to wellness

Delta Dental’s[1] D&P Maximum Waiver option can help keep enrollees well — which makes for benefit dollars well-spent. With D&P Maximum Waiver, costs for covered diagnostic and preventive dental services don’t accrue against plan year maximums. Enrollees will effectively have more dollars to use for other needed dental services.

Maximize smiles and savings with D&P Max Waiver

For Delta Dental PPO℠ [2] Plans

Encourages preventive care and promotes wellness

More dollars for non-D&P services right away

How does it work?

- Available on enrollee’s first effective day
- Renews automatically each year
- No qualifying events or dollar amounts to track

What’s waived?[3]

- X-rays
- Cleanings
- Exams

deltadentalins.com

	Without D&P Maximum Waiver			
Two routine dental checkups including: Exams, x-rays, cleanings	$1,300 Maximum	Delta Dental pays: $350	Enrollee pays: $0	Maximum remaining: $950
	With D&P Maximum Waiver			
	$1,300 Maximum	Delta Dental pays: $350	Enrollee pays: $0	Maximum remaining: $1,300

Note: Sample assumes two routine checkups and $1,000 annual maximum.

Help enrollees stretch their dental benefit dollars

Enrollees don't have to forego routine and preventive care in order to "save" annual maximum dollars for more costly needed services. Routine preventive care could reduce the need for expensive dental services in the future resulting from missed oral examinations that have left other potential risks undetected.

The D&P Maximum Waiver option is an effective way to encourage healthy behavior. To learn more, contact your Delta Dental Account Executive.

[1] Delta Dental includes Delta Dental of California, Delta Dental of Pennsylvania, Delta Dental Insurance Company and our enterprise affiliates plus other member companies of the Delta Dental Plans Association.

[2] Delta Dental PPO is underwritten by Delta Dental Insurance Company in AL, DC, FL, GA, LA, MS, MT, NV and UT and by not-for-profit dental service companies in these states: CA — Delta Dental of California, PA, MD — Delta Dental of Pennsylvania, NY — Delta Dental of New York, DE — Delta Dental of Delaware, WV — Delta Dental of West Virginia. In Texas, Delta Dental PPO is underwritten as a Dental Provider Organization (DPO) plan.

[3] Specific services may vary by plan.

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Summary of Limitations

Limitations on Diagnostic and Preventive Benefits:

a. Delta Dental will pay for routine oral examinations and cleanings (including periodontal cleanings) no more than twice in any 12 month period while the person is an Enrollee under any Delta Dental program or dental care program provided by the Contractholder. Note that periodontal cleanings are covered as a Major Benefit and routine cleanings are covered as a Diagnostic and Preventive Benefit.
b. Full-mouth x-rays and panoramic x-rays are limited to once every five (5) years while the person is an Enrollee under any Delta Dental program.
c. Bitewing x-rays are limited to once each 12 months for Primary Enrollees and Dependent Spouse Enrollees and twice in a 12 month period for Dependent Child Enrollees.
d. Topical application of fluoride solutions is limited to Enrollees under age 19.
e. Space maintainers are limited to the initial appliance only and to Enrollees under age 14.
f. Sealants are limited as follows:
   (1) to permanent first molars through age eight (8) and to permanent second molars through age 15 if they are without cavities or restorations on the occlusal surface.
   (2) Sealants do not include repair or replacement of a sealant on any tooth within two (2) years of its application.

Limitations on Basic Benefits:

a. Delta Dental will not pay to replace an amalgam, synthetic porcelain or plastic restorations (fillings) or prefabricated stainless steel restorations within 24 months of treatment if the service is provided by the same Dentist.
b. Delta Dental limits payment for stainless steel crowns under this section to services on baby teeth. However, after consultant's review, Delta Dental may allow stainless steel crowns on permanent teeth as a Major Benefit.
c. Benefits for periodontal scaling and root planing in the same quadrant are limited to once in every 24-month period.

Limitations on Major Benefits:

a. Delta Dental will not pay to replace any crowns, inlays/onlays or cast restorations which the Enrollee received in the previous five (5) years under any Delta Dental program or any program of the Contractholder.
b. Prosthodontic appliances that were provided under any Delta Dental program will be replaced only after five (5) years have passed, except when Delta Dental determines that there is such extensive loss of remaining teeth or change in supporting tissue that the existing fixed bridge or denture cannot be made satisfactory. Replacement of a prosthodontic appliance not provided under a Delta Dental program will be made if Delta Dental determines it is unsatisfactory and cannot be made satisfactory.
c. Delta Dental limits payment for dentures to a standard partial or denture (coinsurances apply). A standard denture means a removable appliance to replace missing natural, permanent teeth that is made from acceptable materials by conventional means.
d. Delta Dental will not pay for implants (artificial teeth implanted into or on bone or gums), their removal or other associated procedures, but Delta Dental will credit the cost of a crown or standard complete or partial denture toward the cost of the implant associated appliance, i.e. the implant supported crown or denture.

Limitations on All Benefits – Services that are more expensive than the form of treatment customarily provided under accepted dental practice standards are called Optional Services. Optional Services also include the use of specialized techniques instead of standard procedures. For example:

a. a crown where a filling would restore the tooth;
b. a precision denture/partial where a standard denture/partial could be used;
c. an inlay/onlay instead of an amalgam restoration; or
d. a composite/resin restoration instead of an amalgam restoration on posterior teeth.

If you receive Optional Services, your Benefits will be based on the lower cost of the customary service or standard practice instead of the higher cost of the Optional Service. You will be responsible for the difference between the higher cost of the Optional Service and the lower cost of the customary service or standard procedure.

NOTE: THIS IS ONLY A BRIEF SUMMARY OF THE PLAN. The dental plan contract must be consulted to determine the exact terms and conditions of coverage. After you enroll, you will receive an Evidence of Coverage which contains a full explanation of benefits, limitations and exclusions.

VI. DENTAL INSURANCE

D. ORTHODONTICS DISCOUNT PROGRAM FOR EMPLOYEES

ORTHODONTICS

As an employee of Orange County Public Schools, you and your dependents are eligible to receive a 25 percent courtesy discount on orthodontics. There is no monthly premium and it is not necessary to complete any enrollment forms. The participating orthodontist will ask for proper proof of employment with OCPS.

To receive a list of participating orthodontists, please call 407-660-9034.

VI. DENTAL INSURANCE

E. VISION DISCOUNT PROGRAM FOR EMPLOYEES

VISION

As an employee of OCPS, you and your dependents are eligible to receive a courtesy discount on vision care up to 35 percent. This discount does not replace the Humana Specialty Benefits Vision Plan and you don't have to be enrolled in any Delta Dental plan in order to access benefits. There are no monthly premiums and it is not necessary to complete any enrollment forms.

Visit www.eyemedvisioncare.com/deltadental to print an ID card and get a list of participating EyeMed providers or call 1.866.246.9041. When scheduling your appointment, inform the office that you are an EyeMed member with a Delta Dental discount plan. Present your printed ID card at your appointment to receive discounted services.